Correctional Medical Care, Inc.

PROGRESS NOTE

Date/Time	Inmate's Name: Wright, Jerrell Inmate #: 1032512 D.O.B.: 9/1617
8/14/13	I/M seen in Medical c/o painful ⓛ thigh. I/M has a large, red, swollen painful hard lump measuring 8cm X 5cm awaiting for Dr to return call. C Byrne RN
	Ø chills Ø sweats ØN/V
8/14/13	S: as above x 3d. Putting hot cloths on it
	O: 98[8] 128/89 ⓟ2 Ø chills, sweats
	~15 x 9 cm area ⓛ upper medial thigh tender, firm, erythematous, Ø central punctum. This is just below inguinal crease. Ø distinct local adenopathy Ø streaking
	A/P ⓛ upper thigh cellulitis in Type II DM pt.
	- Cipro 500 bid - start dose now Then bid x 10 d.
	- Cont warm compresses
	- F/u Friday.
	[illegible]
8/15/13	I/M for f/u upper ⓛ thigh cellulitis
	T-100.6 - 126/86 - 82 - 16 -
	C/o pain & diff walking due to infection area not enlarged beyond circumscribed area - tender - slightly warm - slightly red.
	A/P - On Cipro 500 BID, Tylenol 650g PO q6 [illegible]
	- see 8/16/13 -
	- increase warm compresses [signature]

CMC-MD-01 (Side 1) *Complete both sides before using another sheet* Revised 5/2011

EXHIBIT 1

(2)

Correctional Medical Care, Inc.

PHYSICIAN'S ORDERS

RENSSELAER COUNTY CORRECTIONAL FACILITY

INMATE STATUS (Check One): ____ RCCF Inmate ____ Housed In ✓ US Marshals N/NY 19485-052

NAME: Wright, Jerrell **D.O.B.** 9/6/70 **INMATE #:** 103212

PRIMARY DX: ____ **ALLERGIES:** NKDA

Date: 8-14-13 Time: 8p Noted By: [signature] Date/Time:	**Diagnosis (if changed):** **(Order # 1)** STAT Cipro 500 mg - now - given Cipro 500 mg po bid x 10d F/up in clinic Friday EXHIBIT 2 FAXED Provider Signature: MP Sangiacomo RPA-C
Date: 8/14/13 Time: Noted By: u Date/Time: 8/14/13	**Diagnosis (if changed):** **(Order # 2)** Tylenol 650mg po Q6° prn pain / fever > 99.9 x 30° FAXED Orders Checked by: [signature] 2 Nurses must Sign!! Provider Signature: [signature]
Date: 8/16/13 Time: 1830 Noted By: CByrne RN Date/Time: 8/16/13 1900	**Diagnosis (if changed):** **(Order # 3)** Stop Cipro Bactrim DS PO BID x 7days Hot pack abcess in groin TORB Dr Fricke / CByrne RN Orders Checked by: 8/17/13 [initials] 2 Nurses must Sign!! Provider Signature:
Date: 8-17-13 Time: 1p Noted By: Date/Time:	**Diagnosis (if changed):** **(Order # 4)** To ED for eval of (L) Thigh cellulitis / abscess Provider Signature: MP Sangiacomo RPA-C

CMC-DR-01R (022413)

Samaritan Hospital

Medical Records Reports

Consultation Report

Acct:	0043725675	**Med Rec Num:**	01025093
Name:	WRIGHT,JERRELL	**Phys:**	Behroozi MD, Saeid
Address:	RCJ 4000 MAIN ST,TROY NY 12180		
Admit Date:	08/17/13	**Sex:**	M
Disch. Date:			
Age:	42	**DOB:**	09/06/70
Status:	ADM IN		
Loc:	5T		

Draft Until Signed

DICTATED BY: Gregory R. Field, MD

Date of Consultation: 08/17/2013

Requesting Physician: Saeid Behroozi, MD

EXHIBIT 3

REASON FOR CONSULTATION: Left thigh abscess/ cellulitis.

INDICADTIONS: This is a 42-year-old black male who is currently incarcerated at the county facility. He was brought to the Emergency Room complaining of severe pain in his left inguinal region. This was associated with swelling and erythema. He states that this started approximately five days ago, is a fairly small area and has progressively worsened. He states that he has had a subjective fever, no chills. He denies trauma. He has not appreciated any drainage from the area. He has been on Bactrim.

MEDICATIONS: His medications include Metformin, Tylenol, Bactrim, hydrochlorothiazide, Metoprolol, Naproxen, Zestril.

ALLERGIES: He has no reported drug allergies.

PAST MEDICAL HISTORY: His past medical history is significant for adult onset diabetes mellitus, obesity, hypertension.

SOCIAL HISTORY: He does not drink alcohol. He quit smoking a little over a year and a half ago.

REVIEW OF SYSTEM: Again, he denies recent trauma, headaches. He has had fevers, no chills, no diaphoresis. No chest pain, shortness of breath or cough. No abdominal pain or change in bowel habits. No dysuria, frequency or hematuria, neuromuscular disorder, psychiatric illnesses, anesthesia difficulties or bleeding disorders. He does have diabetes mellitus, no thyroid problems.

PHYSICAL EXAMINATION: On physical exam, this is a heavy set, middle aged black male, in no acute distress. He has a temperature of 99.3 degrees. His vital signs are stable. HEENT is within normal limits. Neck is without JVD or adenopathy. His heart was regular. His lungs were clear. His abdomen is soft, non-tender, non-distended. He has palpable femoral pulses. In the left anterior medial thigh is an approximately 18-20 cm area of erythema. There area is tender to palpation. I did not appreciate any wounds or drainage. There was no crepitus. His extremities were otherwise without cyanosis, clubbing, edema. He has no focal neurological deficits. Psychiatrically, he is oriented with normal affect.

Laboratory work revealed an elevated white blood cell count of 40,000, hemoglobin was 14.7, platelet count was 331. Electrolytes were notable for a BUN of 34, creatinine of 1.5. LFTs were normal. Patient did have a CT scan which I have reviewed. There is moderate to severe inflammatory changes in the left anterior and medial thigh region. There is some subcutaneous air in the deeper tissue.

IMPRESSION: This is a 42-year-old black male who suffers from diabetes mellitus and has a left lower extremity cellulitis. The concern would be fore necrotizing fasciitis and while he certainly has some clinical features favoring this, he has several that would not. One; he is a diabetic with a significantly elevated white blood cell count, but his sugars have been only running in the 200 range. He certainly does not appear to be systemically ill. I have recommended incision and debridement of this area, but I think this could wait until first thing in the morning. If he worsens over the rest of the evening, then we certainly could consider proceeding earlier.

NAME: WRIGHT,JERRELL DOB: 09/06/70ACCT: 0043725675

Distribution List:
Fax-1 \R\ Gregory Field, MD
Fax-2
\R\

D: 08/19/2013 12:29:54 T: 08/19/2013 13:03:48

dp Job #: 2721510

Dictated by: Field MD,Gregory R /DP 08/26/13 1310

Signed
<Electronically signed by Gregory R Field MD>
08/26/13 1310

<<Signature on File>>

denies any ETOH or illicit drug abuse.

FAMILY MEDICAL HISTORY: His father died in his 70's of MI. His mother is alive and healthy.

ALLERGIES: He denies.

REVIEW OF SYSTEMS: He denies any recent history of fall, injury, trauma, weight loss, weight gain. He may have fever in the last few days. He denies any recent history of headache, double vision, blurred vision, change to his vision or hearing, oropharyngeal lesion, cough, congestion, sore throat, neck pain, angina, chest pain, dyspnea at rest or on exertion, abdominal pain, dysuria, urgency, frequency, blood in the stool or urine, constipation, diarrhea, dysuria, urgency, frequency. As mentioned above, five days ago he noticed some black bump in his left thigh area with subsequent swelling, redness, tenderness and erythema. He denies other recent history of musculoskeletal pain, joint swelling, ecchymosis, cyanosis, clubbing, neurological or psychiatric problems. He denies any recent history of skin rash except above mentioned. He denies any recent history of frequent infections, deficiency syndrome, MRSA. He denies any recent history of lymphadenopathy. He states his blood sugars are well controlled and runs in the 80's. He denies other history of endocrine problems. At least ten organ systems were reviewed. Review of systems is negative otherwise above mentioned.

PHYSICAL EXAMINATION: Appropriate for age looking male in no acute distress. His vitals as follows: Blood pressure 124/76, pulse 135, respiratory rate 20, temperature 99.3, pulse oximetry 98% on room air. His pain was 4/10. He is 122.5 kg. Head is grossly atraumatic, normocephalic. Pupils grossly unremarkable. Conjunctivae is pink. There is no oropharyngeal lesion. Neck is supple, no mass appreciated, no carotid bruit or JVD noticed. Heart has a regular rate and rhythm with S1 and S2, no S3, no S4 noticed. He has moderate air movement of both lungs with no wheezing or crackles. Abdomen is soft, nontender, no guarding, rebound or flank tenderness noticed. Examination of groin area is significant for palpable testicles with no particular tenderness. The scrotum is grossly unremarkable, no effusion there noticed. He has multiple areas of induration in his left thigh and adjacent inguinal area. The skin is warm and tender there. No obvious abscess noticed. Few vesicles noticed in the area. Rectal examination was deferred. Examination for lymphadenopathy was limited. Peripheral pulses

NAME: WRIGHT,JERRELL DOB: 09/06/70ACCT: 0043725675

are palpable. No ecchymosis, cyanosis or clubbing noticed. Muscle bulk and tone is preserved. Neurological examination is nonfocal. He is awake, alert, oriented x3, no depression, delusion, or hallucination noticed. Skin examination as mentioned above otherwise no obvious acute skin rash noticed in other parts of the body. Skin examination was limited. Examination for lymphadenopathy was limited.

LABORATORY WORKUP AND IMAGING STUDIES: WBC 40.5 with 89% neutrophils and 2% lymphocytes, 6% monocytes, 90% polys and 3% bands, hemoglobin 14.7, hematocrit 44.1 and platelets 331, sodium 137, potassium was not recorded, BUN 34, creatinine 1.5, glucose 130, liver function tests is grossly unremarkable, albumin is 3.4, globulin was 4.6. Urinalysis was not obtained.

EKG 12-lead showed sinus tachycardia with ventricular response rate of 128 with right axis deviation but no signs of acute ischemic ST-T changes, possible small Q-wave in lead 2, 3 and AVF noticed.

Pelvic ultrasound is ordered. Results are not available to me at this time.

ASSESSMENT:

1. A 42-year-old male presented to the ER with complaint of five days history of initial black bump and later erythema, tenderness and warm area to his right thigh.
2. Extensive cellulitis to left thigh and adjacent groin area with deep infection cannot be excluded.
3. Leukocytosis secondary to above.
4. Noninsulin dependent diabetes mellitus.
5. History of hypertension.
6. Obesity.
7. Azotemia. At this time it is unclear to me if patient has acute or chronic kidney disease. No prior laboratory workup is available.
8. Sinus tachycardia reactive secondary to acute infection.

PLAN: At this time patient will be admitted to Medical floor. We will obtain a CT of the pelvis and groin area for further evaluation of his above infection. We will obtain blood cultures. If he has any open wound, we will obtain wound culture. We will obtain Infectious Disease consultation and a Surgical consultation. We will obtain MRSA screening. He will be on broad spectrum IV antibiotic Zosyn and Vancomycin. We will keep in mind the effect

Samaritan Hospital

Medical Records Reports

History and Physical

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Name:	WRIGHT,JERRELL	**Phys:**	Behroozi MD,Saeid
Address:	RCJ 4000 MAIN ST,TROY NY 12180		
Admit Date:	08/17/13	**Sex:**	M
Disch. Date:			
Age:	42	**DOB:**	09/06/70
Status:	ADM IN		
Loc:	5T		

Draft Until Signed

DICTATED BY: Saeid Behroozi, MD

DATE OF ADMISSION: 08/17/13

PRIMARY CARE PHYSICIAN: Dr. Ronald Musto

CHIEF COMPLAINT: Infection.

HISTORY OF PRESENT ILLNESS: Information was obtained from patient. The patient is a 42-year-old incarcerated male with known past medical history of diabetes mellitus and possible hypertension. He was brought to the ER concerning infection to the left groin area. The patient states around five days ago he noticed a black bump in his left thigh area. It was painful. Over the next few days the area got increasingly warm, tender, red and painful. He felt febrile and had chills. He had nausea and vomiting. He had poor appetite. He denies any manipulation in the area, injection of any particular substance there. He denies having similar episodes in the past. He denies any prior history of significant infections including no history of MRSA or HIV/AIDS. He denies any trauma injuries. He denies any chest pain, shortness of breath, headache, body ache.

PAST MEDICAL HISTORY: As mentioned above, noninsulin dependent diabetes mellitus possible since 2005 and hypertension.

SOCIAL HISTORY: He denies any recent history of smoking. He states he has been in jail for 19 months and has not been smoking since that period. He

denies any ETOH or illicit drug abuse.

FAMILY MEDICAL HISTORY: His father died in his 70's of MI. His mother is alive and healthy.

ALLERGIES: He denies.

REVIEW OF SYSTEMS: He denies any recent history of fall, injury, trauma, weight loss, weight gain. He may have fever in the last few days. He denies any recent history of headache, double vision, blurred vision, change to his vision or hearing, oropharyngeal lesion, cough, congestion, sore throat, neck pain, angina, chest pain, dyspnea at rest or on exertion, abdominal pain, dysuria, urgency, frequency, blood in the stool or urine, constipation, diarrhea, dysuria, urgency, frequency. As mentioned above, five days ago he noticed some black bump in his left thigh area with subsequent swelling, redness, tenderness and erythema. He denies other recent history of musculoskeletal pain, joint swelling, ecchymosis, cyanosis, clubbing, neurological or psychiatric problems. He denies any recent history of skin rash except above mentioned. He denies any recent history of frequent infections, deficiency syndrome, MRSA. He denies any recent history of lymphadenopathy. He states his blood sugars are well controlled and runs in the 80's. He denies other history of endocrine problems. At least ten organ systems were reviewed. Review of systems is negative otherwise above mentioned.

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Samaritan Hospital

Emergency Department Reports

Acct:	0043725675	**Med Rec Num:**	01025093
Name:	WRIGHT,JERRELL	**Phys:**	Ciccarelli DO,Michael
Age:	42	**DOB:**	09/06/70
Arrival Date:	08/17/13	**Sex:**	M

Status: ADM IN
Loc: PC

DICTATED BY: Michael F Ciccarelli, DO

DATE OF SERVICE: 08/17/2013

The patient was seen in the emergency department at 2:15 p.m., nursing note was reviewed at that time.

CHIEF COMPLAINT: Left thigh infection worsening over the past 4 days.

HISTORY OF PRESENT ILLNESS: This is a 42 -year-old male who presents to the emergency department with a progressing left thigh infection, spreading to the perineal region over the past 4 days. The patient reports that he has a history of diabetes mellitus and hypertension. He is currently on metformin for his diabetes. The patient reports subjective fevers and chills. He reports no prior to the wound to the left thigh. He presents from the Rensselaer County Jail.

REVIEW OF SYSTEMS: Negative except as noted in the HPI, 10 systems were reviewed.

I did review the nursing note for the patient's past medical history, past surgical history, allergies, medications and social history.

PHYSICAL EXAMINATION:
VITAL SIGNS: The patient is tachycardic with a pulse of 135, the remainder of the vital signs are normal with a blood pressure of 124/76. The patient is afebrile with a temperature of 99.3.
GENERAL: The patient is nontoxic, in no distress.
HEENT: The patient has moist oral mucosa, throat is clear.
LUNGS: Clear to auscultation bilaterally.
CARDIOVASCULAR: Tachycardic with no murmurs appreciated, normal S1, S2.
ABDOMEN: Soft, nondistended, nontender, positive bowel sounds in all four quadrants.
MUSCULOSKELETAL: Patient moving all four extremities equally, no pitting edema in his lower extremities.
NEUROLOGIC: Glasgow coma scale 15, gait is normal. Strength is 5/5 in all four extremities, sensation is intact in all four extremities.
SKIN: The patient has an extensive cellulitis along the medial aspect of the left thigh spreading to the perineal region. I do not feel any palpable

EXHIBIT 5

crepitus. There is no palpable fluctuants. The area is warm to touch and erythematous. The remainder of the skin is unremarkable, warm and dry, normal capillary refill. It is an extensive area of cellulitis that spreads from the left mid thigh to the perineal region.

ASSESSMENT AND PLAN: This is a 42-year-old male who is a known type 2 diabetic with an extensive cellulitis to the left thigh. At this time blood work was done including CBC, CMP, lactic acid level was done, blood cultures x 2, a pelvis CT scan was done to evaluate for formation of gas with the cellulitis. The patient was resuscitated with a liter of IV fluids normal saline, he was given intravenous Zosyn and vancomycin for antibiotic prophylaxis. An EKG was done as well.

The EKG as interpreted by myself is sinus tachycardia at a rate of 128 beats per minute with no acute ischemic changes, no interval prolongation. The EKG was interpreted by myself. He does have some ST changes in the inferior leads, however, this may be rate related. There is no old EKG to compare to.

The results of the blood work: CBC showed a white blood cell count of 40,000 with a left shift of 89% neutrophils, there is no significant bandemia, the remainder of the CBC is normal. CMP shows glucose of 230, creatinine of 1.5, the remainder of the CMP is normal. Lactic acid level is slightly elevated at 2.8. The pelvic CT scan showed an infection with gas forming organism with extensive abnormal soft tissue gas and surrounding infiltrative changes in the subcutaneous fat along the medial aspect of the upper left thigh extending to the perineum. There is fluid immediately that overlies the gracilis muscle but does not otherwise appear to involve the muscle compartment. There is hydrocele in the scrotum without soft tissue gas at this level. He has borderline inguinal lymph nodes.

At this time given the extensive cellulitis, I did place a call to Dr. Field who was on call for general surgery. Given that the patient appears well at this time, plan will be to allow the intravenous antibiotics to work. The area was marked on the left thigh into the perineal region with the marker. If the area spreads significantly over the next 2 hours, the patient will need a fasciotomy and Dr. Field will come in to do this. I spoke to Dr. Behroozi who is on call for the hospitalist service who will admit the patient.

PROVISIONAL DIAGNOSIS:
1. Extensive cellulitis to left thigh spreading to perineum.
2. History of type 2 diabetes mellitus.

I spent 40 minutes of critical care time with this patient excluding billable procedures.

While here in the emergency department, the patient's vital signs have

remained stable aside from his mild tachycardia, blood pressure is normal.
Again, the patient was admitted to the hospitalist service.

Distribution List:
Fax-1 \R\ Michael F. Ciccarelli, DO
Fax-2
\R\
D: 08/17/2013 19:29:49 T: 08/18/2013 04:38:14

kp Job #: 2721207

Ciccarelli DO,Michael
<<Signature on File>>

Entered By: IAParks,Kathy

<Electronically signed by Michael Ciccarelli DO>
Date and Time of Signature:

Samaritan Hospital

Medical Records Reports

Discharge Instructions

Acct:	0043725675	**Med Rec Num:**	01025093
Name:	WRIGHT,JERRELL	**Phys:**	Behroozi MD,Saeid
Address:	RCJ 4000 MAIN ST,TROY NY 12180		
Admit Date:	08/17/13	**Sex:**	M
Age:	42	**DOB:**	09/06/70

Status: ADM IN
Loc: 5T

Discharge Instructions

Discharge Activity: as tolerated
Discharge Diet: Cardiac (dash), 1800 Calorie Diabetic
Dressing/Wound Instructions: change, keep clean and dry (WET TO DRY CHANGE BID)
Call your doctor or go to ER:

Notify your physician or go to the Emergency Room if you experience any of the following:

- return of previous symptoms
- chest pain
- shortness of breath
- increase in pain
- fever
- chills
- vomiting
- swelling
- change in wound drainage
- rash/hives

EXHIBIT 6

Primary Care

Within 2 days after discharge, please contact your Primary Care Physician, Musto MD,Ronald V to schedule an appointment to be seen within 1 week.

Hospitalist Information
If any questions regarding your Hospital stay prior to your Primary Care followup appointment, please contact the appropriate Hospitalist office. Samaritan Office: 270-3094 and Albany Memorial Office: 471-4906.

Referral To: Infectious Disease (FOLLOW YOUR INFECTIOS DISEASE), Surgeon (FOLLOW WITH YOUR SURGEON), FOLLOW UP WITH YOUR WOUND CARE

NAME: WRIGHT,JERRELL DOB: 09/06/70ACCT: 0043725675

Additional Instructions

:

CONTINUE LOVENOX AND COUMADIN TILL INR IS THERAPEUTIC RANGE BETWEEN 2-3. THEN DC LOVENOX CONTINUE COUMADIN. CONSULT YOUR HEMATOLOGIST FOR DURATION.
HAVE YOUR INR CHECKED AND COUMADIN ADJUSTED BY YOUR PRIMARY CARE

Entered By: Khurshid MD,Parveen

Date and Time of Signature:

Samaritan Hospital

Medical Records Reports

Consultation Report

Acct:	0043725675	**Med Rec Num:**	01025093
Name:	WRIGHT,JERRELL	**Phys:**	Khurshid MD,Parveen
Address:	RCJ 4000 MAIN ST,TROY NY 12180		
Admit Date:	08/17/13	**Sex:**	M
Disch. Date:	08/31/13		
Age:	42	**DOB:**	09/06/70
Status:	DIS IN		
Loc:	5T		

Taken on 8/18/13

Draft Until Signed

DICTATED BY: Joel Moses, M.D.

DATE OF CONSULTATION: 08/18/13

PRIMARY CARE: Ronald Musto, M.D.

REQUESTING PHYSICIANS: Saeid Behroozi, M.D., Gregory Field, M.D.

REASON FOR CONSULTATION: Antibiotic management in the setting of apparent necrotizing fasciitis.

HISTORY OF PRESENT ILLNESS: The patient is a 42 -year-old incarcerated gentleman with a past medical history of obesity, previously 320, 6'5", now down to 272, with diabetes since 2005 and hypertension. No known history of elevated cholesterol.

PAST SURGICAL HISTORY: The patient has a past surgical history of an incision and drainage of apparently a cutaneous abscess on his right stomach in 2001 of unclear cause.

EXHIBIT 7

ALLERGIES: He has no known allergies.

MEDICATIONS: He is unsure of his medications. He does know he is on metformin.

SOCIAL HISTORY: He is currently incarcerated. He has been incarcerated for 19 months. He indicates he does have some time left on his sentence. He denies

any recent history of smoking. He has three children and two grandchildren who are healthy. There is no healthcare proxy. I have advised him to get one. He has not developed any new health problems while there, and I have advised him we are going to check him for MRSA.

FAMILY HISTORY: His father died in his 70's of a heart attack. He was an overweight smoker. His mother is healthy. He has healthy siblings.

REVIEW OF SYSTEMS/HISTORY OF PRESENT ILLNESS: The patient notes that about six days prior to admission he developed a black bump in the left thigh area that was firm and tender with subsequent swelling, some surrounding redness, tenderness and erythema. He has never had another problem like this other than on his stomach in 2001 and did develop over time some fevers and non-shaking chills, and thus over the next few days the area got increasingly warm, tender, red and painful. He did have some nausea and diarrhea. No actual vomiting. Poor appetite. Denied any manipulation or injection of any particular substances there. No past history of MRSA, HIV or AIDS. Denied any trauma. He came to the hospital yesterday. His normal primary care doctor is Dr. Ronald Musto. He was admitted by Dr. Behroozi.

On exam, he was febrile at 99.3 with a blood pressure 124/76. He was overweigh with a pulse of 135. Respiratory rate was 20. Pain was 4/10. He was 122.5 kilos. There was no tenderness in the testicles. The scrotum was grossly unremarkable. There was no effusion. He had multiple areas of induration on the left thigh and adjacent inguinal area. The skin was warm and tender with no obvious abscess. There were a few vesicle-like areas noted in the area. Rectal was deferred. Exam for lymphadenopathy was limited. Peripheral pulses were palpable. Neurologic exam was nonfocal. He was alert and oriented x3.

Initial lab data showed a white count of 40.5 with 89 polys. H and H of 14.7/44.1 with a platelet count 331. Sodium 137, potassium not recorded. BUN 34, creatinine elevated as well at 1.5. Glucose 130. LFT's were grossly unremarkable. Albumin 3.4, globulin 4.6. UA was not obtained. EKG showed sinus tach at 128 with a right axis deviation. No acute ST T-wave change. There are possible small Q's in 2, 3 and aVF. Pelvic ultrasound was ordered. The results were not immediately available to the admitting physician. Subsequently there was report of a small collection of air in the left perineal region but no bony abnormality in ultrasound.

The initial impression was that of a 42 -year-old African-American male with a five-day history of initial black bump and later erythema, tenderness and warm area in his right thigh, extensive cellulitis in adjacent groin. Deep infection could not be excluded. Leukocytosis, noninsulin dependent diabetes. hypertension, obesity and azotemia. This was unclear if it was acute or chronic. No prior lab work, available, and sinus tach.

The plan was to admit, place him on vancomycin and Zosyn, obtain CT of the pelvis and groin, blood cultures and wound cultures of any drainage, ID consult, Surgical consult, MRSA screening. Monitor BUN and creatinine given combination of vancomycin and Zosyn. Hemoglobin A1c. Hold Glucophage given elevated creatinine, insulin sliding scale, and follow blood pressures. The patient did not know the name of his blood pressure medicine. Consider antihypertensive medications. Consider benefit of ACE inhibitors or ARB down the road, but given azotemia, Dr. Behroozi was hesitant to start these. DVT and GI prophylaxis were initiated. Lactate level was planned. Lactate level returned at 1.6. MRSA screening apparently will be routinely performed when the patient enters the ICU shortly. He is currently postop.

The patient was taken to the OR this morning by Dr. Gregory Field who I have subsequently spoken to in person. Necrotizing fasciitis was encountered. The patient underwent a clean out procedure of that area with incision and drainage, irrigation, debridement, and now is resting in the PACU with a chest tube drain in that area covered by what appears to be DuoDERM.

On physical exam, pleasant cooperative gentleman, able to relate his past history. Blood pressure 138/95, pulse 115, respiratory rate 16, temperature 97.9. T max was 99.8 at 8:00 p.m. last night. Pleasant, cooperative. HEENT exam: No thrush. Neck supple. No lymphadenopathy, JVD or thyromegaly. He does have three tattoos. No piercings. Cardiac exam: Regular rate and rhythm, S1, S2, no S3, no S4. No rubs, murmurs, heaves or thrills. Lungs clear to auscultation and percussion. Abdomen soft, positive bowel sounds, no hepatosplenomegaly, no masses. Extremities: Drain tube with DuoDERM over clean-appearing wound with exposed muscle appearing under the dressing.

LAB DATA: White count down from 40.53 to 32.38. H and H 13.1/39.4, platelet count 307, 89 polys. Blood culture is pending. Aerobic and anaerobic culture is pending. Calcium 8.6. Cholesterol 95. Albumin 3.4, Magnesium 1.7, and I will supplement this. Sodium 144, potassium 3.6, chloride 105, bicarbonate 27, BUN 28, creatinine 1.3 down from 1.5.

NAME: WRIGHT,JERRELL DOB: 09/06/70ACCT: 0043725675

IMPRESSION: Diabetes, hypertension, obesity, incarceration and left thigh necrotizing fasciitis.

ASSESSMENT AND PLAN: Concerning situation of necrotizing fasciitis. Continue vancomycin and Zosyn. Await vancomycin trough. Await cultures. Add clindamycin for empiric strep synergy based on animal models, and we will supplement the magnesium IV and recheck tomorrow.

Thank you for this intriguing consultation.

Please note that from approximately 10:55 to 12:18, or approximately 83 minutes, was spent on this case.

Distribution List:
Fax-1 9,7293444\R\ Joel Moses, MD
Fax-2 \R\ Saeid Behroozi, MD
Fax-3 County Jail Nurse, Rensselaer County Jail
Fax-4 9,2749487\R\ Ronald Musto, MD
\R\

D: 08/18/2013 12:16:29 T: 08/19/2013 05:50:15

DTH Job #: 2721286

Dictated by: Moses MD,Joel E /DTH 11/11/13 1407

Signed
<Electronically signed by Joel E Moses MD>
11/11/13 1407

<<Signature on File>>

Samaritan Hospital

Medical Records Reports

Operative/Procedure Report

Acct:	0043725675	**Med Rec Num:**	01025093
Name:	WRIGHT,JERRELL	**Phys:**	Behroozi MD,Saeid
Address:	RCJ 4000 MAIN ST,TROY NY 12180		
Admit Date:	08/17/13	**Sex:**	M
Disch. Date:			
Age:	42	**DOB:**	09/06/70
Status:	ADM IN		
Loc:	5T		

Draft Until Signed

DICTATED BY: Gregory R Field, MD

DATE OF PROCEDURE: 08/18/13

PREOPERATIVE DIAGNOSIS: Cellulitis, left medial thigh.

POSTOPERATIVE DIAGNOSIS: Necrotizing fasciitis.

PROCEDURE: Wide debridement of necrotizing fasciitis. Total area excised was about 15 x 22 cm.

INDICATIONS: This is a 42 -year-old black male who is incarcerated. He was brought to the Emergency Room with fevers and left thigh pain and swelling. He did have a CT scan which showed some gas forming in the soft tissue. I recommended debridement. We did discuss the fact that this may just be an abscess or it certainly could be necrotizing fasciitis. He understands the risks and benefits and would like to proceed.

Exhibit 8

SUMMARY OF PROCEDURE: The patient was brought to the Operating Suite and placed in the supine position. The patient was induced under general endotracheal anesthesia. The patient's left thigh was prepped and draped in the usual sterile fashion. I made an oblique incision along the medial thigh and entered a large cavity containing brown very foul-smelling fluid. The soft tissue was necrotic along with the fascia. I incised the skin, soft tissue and fascia out to what appeared to be relatively normal planes. This

extended about 15 cm vertically and about 22 cm horizontally. We did send the skin, soft tissue and fascia to the pathologist. Wound cultures were obtained after the initial incision. The wound was irrigated with approximately three liters of antibiotic solution using a pulse irrigator. Hemostasis was obtained with cautery. The wound was packed with Kerlix gauze. A 20 French chest tube was placed over the Kerlix gauze and the entire area covered with a loban. The chest tube was connected to low wall suction.

The patient tolerated the procedure well without complication. The patient was extubated in the Operating Suite and brought to the Recovery Room in stable condition. Estimated blood loss was approximately 150 mL.

Gregory R Field, MD

Distribution List:
Fax-1 \R\ Gregory Field, MD
Fax-2
\R\

D: 08/19/2013 12:38:27 T: 08/19/2013 13:02:58

DTH Job #: 2721518

Dictated by: Field MD,Gregory R /DTH 08/26/13 1310

Signed
<Electronically signed by Gregory R Field MD>
08/26/13 1310

<<Signature on File>>

Samaritan Hospital
Northeast Health
CONTINUATION SHEET

8/22/13 Surgical PA for Gen Surg
0850

Pt seen c Dr. Field.
No new complaints.
Wound vac placed yesterday.
Good seal achieved & actively draining.

VS stable
Vac in place.
WBC ↓ 18.5

A/P: -Wound vac to be changed tomorrow, please call PA when doing change.
-Can possibly be discharged tomorrow from surgical standpoint. Facility is comfortable c doing vac changes.

[signature] PAC
(MADAM)

EXHIBIT 9

(20)

Samaritan Hospital

Northeast Health

CONTINUATION SHEET

0043725675 RCJ
WRIGHT, JERRELL
BEHROOZI MD, SAEID
42 M DOB 09/06/1970
01025093 03/17/2013

8/27 Gen Sr

Vac ī place –

? d/c c̄ vac ✓ federal

Marshalls donot want to

→ pay for vac may have

to discharge on w-D

[signature]

EXHIBIT 10

Samaritan Hospital

Medical Records Reports

Consultation Report

Acct:	0043725675	**Med Rec Num:**	01025093
Name:	WRIGHT,JERRELL	**Phys:**	Khurshid MD,Parveen
Address:	RCJ 4000 MAIN ST,TROY NY 12180		
Admit Date:	08/17/13	**Sex:**	M
Disch. Date:	08/31/13		
Age:	42	**DOB:**	09/06/70
Status:	DIS IN		
Loc:	5T		

Draft Until Signed

DICTATED BY: Vinita Singh, MD

DATE OF CONSULTATION:
08/30/2013 Thrombus found

REASON FOR CONSULTATION:
The patient is a 42-year-old male seen in consultation for thrombosis of the greater saphenous vein.

HISTORY OF PRESENT ILLNESS:
The patient is an African American male who presented on 08/17/2013 with chief complaints of pain and swelling in the left groin area. The patient had noted increasing warmth, redness and tenderness of the area. He was diagnosed with necrotizing fasciitis and underwent incision and drainage. The patient has been immobilized since admission. He was noted to have increased pain and swelling in the left leg on the posterior aspect and a Doppler study was done which showed thrombosis in the greater saphenous vein Hematology consult was requested to assist with anticoagulation. The patient has no prior history of DVTs. He has been, as mentioned, immobile since his admission with very limited mobility. He continues with significant pain and discomfort in the left area and has difficulty with weightbearing.

EXHIBIT 11

PAST MEDICAL HISTORY:
1. Type 2 diabetes.
2. Hypertension.

NAME: WRIGHT, JERRELL DOB: 09/06/70ACCT: 0043725675

SOCIAL HISTORY:
The patient is incarcerated. Denies alcohol. Quit smoking 2 years back. Denies recreational drug use.

FAMILY HISTORY:
Denies history of DVT in the family. Father had a stroke at an advanced age.

ALLERGIES:
NO KNOWN DRUG ALLERGIES..

REVIEW OF SYSTEMS:
The patient denies fevers. He has pain and swelling in the left groin area and discharge. Denies chest pain, shortness of breath, headaches. Denies nausea, vomiting, diarrhea. Denies pain, swelling in the right leg. Denies bruising or bleeding. Further systems negative.

PHYSICAL EXAMINATION:
GENERAL: The patient is a well-developed and nourished male who appears alert and oriented.
VITAL SIGNS: Show temperature 98 degrees, T-max 98, respirations 18, pulse is 73, blood pressure 153/90.
HEENT: Shows no icterus, no pallor.
NECK: No neck masses.
LUNGS: Clear.
HEART: Regular.
ABDOMEN: Soft, nontender.
EXTREMITIES: Show tender area with dressing on the medial aspect of the thigh and tenderness on palpation of the posterior aspect of the upper thigh. No lower extremity edema. Negative Homans sign.

LABS:
White count 9.2, hemoglobin 12.2, hematocrit 38, platelets 536,000. Neutrophils 67%, lymphocytes 19%, monocytes 9%. Glucose 131, BUN 13, creatinine 1.0. Sodium 140, potassium 4.4, chloride 105, bicarbonate 27. Calcium is 9.9, albumin 2.2, globulin 4.0. AST 20, ALT 22, total bilirubin 0.4.

IMAGING STUDIES:
Venous Doppler study of August 30, 2013 of the left lower extremity shows occlusive thrombus in the greater saphenous vein from the level of the knee

to the mid to upper thigh. Evaluation of the thigh is limited due to overlying cellulitis. Flow within the superior portion of the saphenous vein in confluence with the common femoral vein. The greater saphenous vein was also patent below the knee. No DVT within the left lower extremity.

IMPRESSION:

A 42-year-old male with necrotizing fasciitis/cellulitis of the left lower extremity, status post incision and drainage. The patient has been bedridden since admission for the past 12 days or so. He has now developed thrombosis of the left greater saphenous vein. The patient has no obvious risk factors for thrombosis other than his long term immobilization and infection in his lower extremity. While patients with superficial thrombosis do not necessarily require anticoagulation the patient does have continuing risk factor with immobilization. Options for management include serial monitoring with ultrasounds to assess for progression of thrombosis, or therapeutic anticoagulation. Would recommend therapeutic anticoagulation given patient's ongoing risk of progressive thrombosis and possibility of deep vein thrombosis, and since there is no contraindication to anticoagulation.

Thank you for the consultation.

Distribution List:
Fax-1 \R\ Vinita Singh, MD
Fax-2
\R\

D: 08/30/2013 13:47:12 T: 08/31/2013 05:10:00

jf Job #: 2725132/kag/edit/blnk/09/04/13

Dictated by: Singh MD,Vinita /KAG 10/11/13 0924

Signed
<Electronically signed by Vinita Singh MD>
10/11/13 0924

Samaritan Hospital

Medical Records Reports

Transfer Summary

Acct:	0043725675	**Med Rec Num:**	01025093
Name:	WRIGHT,JERRELL	**Phys:**	Khurshid MD,Parveen
Address:	RCJ 4000 MAIN ST,TROY NY 12180		
Admit Date:	08/17/13	**Sex:**	M
Disch. Date:	08/31/13	**DOB:**	09/06/70
Age:	42		
Status:	DIS IN		
Loc:	5T 10:16 AM		

Draft Until Signed

DICTATED BY: Parveen Khurshid, M.D.

DATE OF ADMISSION: 08/17/13
DATE OF TRANSFER: 08/31/13

CHIEF COMPLAINT ON ADMISSION: "Infection."

DISCHARGE DIAGNOSES:
1. Necrotizing fasciitis, left thigh and adjacent groin area.
2. Diabetes mellitus, type 2, uncontrolled.
3. Hypertension.
4. Thrombosis of the saphenous vein.

PHYSICAL EXAMINATION: Vitals: Temperature of 99.2, pulse of 88, respirations 20, blood pressure 136/88, O2 sat of 97% on room air. HEENT: Head is atraumatic, normocephalic. Eyes: Pupils are equal, round and reactive to light. Extraocular muscles are intact. Mucous membranes moist. Cardiovascular system: S1, S2 positive, no murmurs or gallops appreciated. Respiratory system: Clear to auscultation bilaterally. GI system: Abdomen is soft, nontender, nondistended, bowel sounds positive. Musculoskeletal system: There is a dressing along the upper thigh and groin area. No cyanosis, clubbing or edema is seen in the feet. Neuro: Alert and oriented x3. Skin is warm and well perfused except at the left thigh and groin area.

EXHIBIT 12

BRIEF HOSPITAL STAY: This is a 42 -year-old who had been admitted with

infection of the left thigh and groin. The patient was seen by Surgery. He had a CT of the area done which showed extensive soft tissue infection with abscess and abnormal gas in the tissues with tissue edema. It was considered to be necrotizing fasciitis. The patient was taken to the OR and incision and wide debridement of the area was done. Total area excised was about 15 x 22 cm, and a drain was put in. The patient was also seen by ID. In the beginning he was on Zosyn and vancomycin. ID added clindamycin which they took off after a couple of days, and the patient remained on IV Zosyn and vancomycin. This was changed to oral by ID to Keflex and Diflucan. The patient continued on that. The patient also had a Wound VAC during this time which was discontinued before his discharge. A venous Doppler ultrasound was done to rule out DVT. The patient did not have any thrombosis of the deep veins but did have thrombosis of the saphenous vein in an extensive area which was read as occlusive thrombus within the greater saphenous vein from the level of the knee to the mid upper thigh, and I felt that the patient should be on Coumadin. I consulted Hematology for that who agreed with my plan. The patient was started on Lovenox. Coumadin has not been started as yet but is advised to start at the facility today at 5 mg p.o. I have strongly instructed the patient to be followed up by his primary care or by Hematology to check his INR and to discontinue the Lovenox b.i.d. when his INR is therapeutic. His goal of INR is 2-3. The decision for how long the patient needs anticoagulation will be decided by the patient's hematologist or primary care at the facility. I have written instructions for that. The patient is being given a prescription for Coumadin also. The patient came in with high white count. As mentioned above, with an infected wound which grew Klebsiella pneumoniae, staph coagulase negative, bacteroides. As mentioned above, he was treated with IV antibiotics, has done well. His white count has gone back to normal today. The patient is afebrile and has been cleared by Surgery for discharge. I also discussed with Case Management on call today that the patient's facility knows that the patient is going to be on Lovenox and Coumadin and his INR will be checked.

The patient's DISCHARGE MEDICATIONS are as follows: He is to stop taking the Bactrim DS tablets and is to continue taking the following: Metformin 1,000 mg twice a day, Tylenol 650 mg q6h, hydrochlorothiazide 25 mg daily, metoprolol 25 mg orally q12, lisinopril 10 mg orally daily. He is to start taking Keflex 500 mg q6h for seven days, Diflucan 100 mg daily for seven days, Flagyl 250 mg q8h for seven days, Lovenox 1 mg per kilogram q12 prescribed for five days but this should be discontinued when the patient's INR is in the therapeutic range, between 2 and 3, Coumadin 5 mg p.o. daily,

oxycodone 5/325 mg two tablets as needed for pain q4h, and Protonix 40 mg orally daily.

He is in a stable condition at the time of discharge.

Distribution List:
Fax-1 \R\ Parveen Khurshid, MD
Fax-2
\R\

D: 08/31/2013 10:12:14 T: 08/31/2013 10:16:34 10:16 AM

DTH Job #: 2725307

Dictated by: Khurshid MD,Parveen /DTH 09/22/13 1723

Signed
<Electronically signed by Parveen Khurshid MD>
09/22/13 1723

<<Signature on File>>

Samaritan Hospital

Medical Records Reports

Discharge Instructions

Acct:	0043735301	**Med Rec Num:**	01025093
Name:	WRIGHT,JERRELL	**Phys:**	El Kouachi MD,Siham
Address:	RCJ 4000 MAIN ST,TROY NY 12180		
Admit Date:	08/31/13	**Sex:**	M
Age:	42	**DOB:**	09/06/70

Status: DIS IN
Loc: 5T

Discharge Instructions

Discharge Activity: as tolerated
Discharge Diet: 1800 Calorie Diabetic
Dressing/Wound Instructions: change, CHANGE DRESSING TWICE A DAY AT 8 AM AND 8 PM, WET TO DRY WITH stratasorb ADHESIVE TAPE
Primary Care

Within 2 days after discharge, please contact your Primary Care Physician, Musto MD,Ronald V to schedule an appointment to be seen within 1 week.

Hospitalist Information
If any questions regarding your Hospital stay prior to your Primary Care followup appointment, please contact the appropriate Hospitalist office. Samaritan Office: 270-3094 and Albany Memorial Office: 471-4906.
PLEASE FOLLOW UP WITH DR SULTAN id, AND DR FIELD FROM SURGERY

Core Measures

Significant for discharge? No

Siham El Kouachi MD
<<Signature on File>>

Entered By: El Kouachi MD,Siham

<Electronically signed by Siham El Kouachi MD>
Date and Time of Signature: 11/01/13 0014

EXHIBIT 13

St Peters Health Partners, Northeast Health Samaritan Facility

Name WRIGHT,JERRELL
Address RCJ, 4000 MAIN ST, TROY, NY 12180
DOB 09/06/70
Account 0043735301
Admit 08/31/13
Discharge

Leaving on 8/31/2013

Visit Information
Reason for Visit: DEHYDRATION / SEPSIS / NECROTIZING FASCITIS S/P

Allergies: No Known Drug Allergy

Discharge Disposition: JAIL/LAW ENFORCE

EXHIBIT 14

Medical Problems
IMO-PROB-501747
IMO-PROB-69799
Necrotizing fasciitis
Diabetes mellitus type II, uncontrolled
HTN (hypertension)
Thrombosis of saphenous vein

Care Team Members
Ronald V Musto MD, PRIMARY CARE PHYSICIAN, MEDICINE, (518)274-9126
Samuel O Anameze MD, ADMITTING, MEDICINE, (518)270-3094
Samuel O Anameze MD, ATTENDING, MEDICINE, (518)270-3094
John Morrison MD, EMERGENCY, MEDICINE, (518)271-3424
Ronald V Musto MD, FAMILY, MEDICINE, (518)274-9126

Patient Instructions
Physician Instructions
Discharge Activity: as tolerated
Discharge Diet: 1800 Calorie Diabetic
Dressing/Wound Instructions: change, CHANGE DRESSING TWICE A DAY AT 8 AM AND 8 PM, WET TO DRY WITH stratasorb ADHESIVE TAPE
Primary Care

Within 2 days after discharge, please contact your Primary Care Physician, Musto MD,Ronald V to schedule an appointment to be seen within 1 week.

Hospitalist Information
If any questions regarding your Hospital stay prior to your Primary Care followup appointment, please contact the appropriate Hospitalist office. Samaritan Office: 270-3094 and Albany Memorial Office: 471-4906.
PLEASE FOLLOW UP WITH DR SULTAN id, AND DR FIELD FROM SURGERY

Samaritan Hospital
Emergency Department Reports

Acct:	0043735301	**Med Rec Num:**	01025093
Name:	WRIGHT,JERRELL	**Phys:**	Morrison MD,John
Age:	42	**DOB:**	09/06/70
Arrival Date:	08/31/13	**Sex:**	M

Status: REG ER
Loc: ER

ED Adult History with CC/HPI

History Source: patient
Chief Complaint Triage
Date Seen 08/31/13
Time Seen 1540 3:40 PM
HPI
42-year-old male brought in by EMS from incarceration facility with complaint of lightheadedness, fast heart rate and low blood pressure. Patient discharged this morning from hospital with diagnosis of necrotizing fasciitis after large surgical debridement to left groin area and is taking antibiotics including Keflex and antifungal Diflucan. Return denies associated fever, chills but does report generalized fatigue. No associated chest pain, shortness of breath or significant pain to left leg.
Severity of Complaint
Pain Level: 0

ED Review of System

Review of Systems
10 SYS REV&NO ACUTE ISS NOTED Yes

ED Past Med/Surg/Soc Hist

EXHIBIT 15

Nursing Document Reviewed
PMH/PSH/Meds/Soc Hist Reviewed Yes

Allergies
Allergies
Coded Allergies:
No Known Drug Allergy (Mild, 08/17/13)

Past Medical History
Past Medical History: Diabetes Type 2, Hypertension

Past Surgical History
Past Surgical History: Denies

RUN DATE: 09/05/13
RUN TIME: 0020
RUN USER: LK26

Northeast Health EDM **LIVE**
EDM Patient Record

Patient WRIGHT,JERREIL
Age/Sex 42/M

Account No. 0043735301
Unit No. 01025093

—ER Caregivers—
Physician Practitioner: Morrison MD,John, S
Nurse: Akin,Amanda J, RN
PCP: Musto MD,Ronald V

Arrival Date 08/31/13
Time 1433 2:33 PM
Triage Date 08/31/13
Time 1448

Date of Birth 09/06/1970

Stated Complaint DEHYDRATION / SEPSIS / NECROTIZING FASCITIS S/P
Chief Complaint Post Operative Complication
Priority 3

Primary Impression
DEHYDRATION SEPSIS

Exhibit 16

Departure Disposition ADMITTED
Departure Comment
Departure Condition Admitted

Departure Date 08/31/13
Time 2035 8:35 PM

Allergies

Allergy or Adverse Reaction	Type	Sev	Date	Ver
No Known Drug Allergy	Allergy	M	08/17/13	Y
No Known Food Allergy	Allergy	U	09/03/13	Y

Active Prescriptions

Provider Khurshid MD,Parveen

Medication	Location	Issued
Cephalexin Cap Keflex 250 Milligram CAPSULE 500 MG Orally Every Six Hours 7 Days REF 0	SAM 5 TOWER	08/31/13
Fluconazole Diflucan 100 Milligram TABLET 100 MG Orally Daily at Noon 7 Days REF 0	SAM 5 TOWER	08/31/13
[Flagyl (U.f.)] [Flagyl (U.f.)] No Conflict Check 250 MG Orally Every Eight Hours 7 Days REF 0	SAM 5 TOWER	08/31/13
[Lovenox] [Lovenox] No Conflict Check 130 MG SUBCUTANEOUS EVERY 12 HOURS 5 Days REF 0	SAM 5 TOWER	08/31/13

Exhibit 17

Samaritan Hospital

Medical Records Reports

History and Physical

Acct:	0043735301	**Med Rec Num:**	01025093
Name:	WRIGHT,JERRELL	**Phys:**	Anameze MD,Samuel O
Address:	RCJ 4000 MAIN ST,TROY NY 12180		
Admit Date:	08/31/13	**Sex:**	M
Disch. Date:			
Age:	42	**DOB:**	09/06/70
Status:	ADM IN		
Loc:	5T		

Draft Until Signed

DICTATED BY: Samuel Anameze, M.D.

DATE OF ADMISSION: 08/31/13

CHIEF COMPLAINT: Transferred from Rensselaer County Jail for evaluation of tachycardia, heart of 158, low blood pressure, 92/68, respiratory rate 26, and the patient was diaphoretic and had chills and shortness of breath.

HISTORY OF PRESENT ILLNESS: The patient is a 42 -year-old man with a past medical history significant for diabetes mellitus, hypertension, thrombosis of saphenous vein, who was discharged from Samaritan Hospital earlier today back to Rensselaer County Jail. At the county jail, the patient was reported to be diaphoretic, chills, tachypneic, and had shortness of breath. Vitals at the jail were recorded as blood pressure of 92/68, pulse 158, respirations 26, and temperature 99.8. The patient was earlier admitted on 08/17/13 and discharged back to county jail today, 08/31/13. During that hospitalization, the patient had extensive cellulitis of left thigh and adjacent groin which turned out to be necrotizing fasciitis. Surgery consult was called general surgeon, Dr. Gregory Field, who did wide debridement of necrotizing fasciitis. Total area excised was 15 x 22 cm. Electronic record also showed that the patient was seen by Infectious Disease specialist, Dr. Sultan, who managed the patient's antibiotics. The patient had left leg Doppler ultrasound which showed that the patient had occlusive thrombus within the greater saphenous vein from the level of the knee to the mid to upper thigh. The record showed that the patient was seen by hematologist, Dr. Vinita Singh. Noted that it is a superficial thrombosis and the patient does not

necessarily require anticoagulation but because of immobilization, it was recommended that the patient should be anticoagulated. The patient was then started on Coumadin and full treatment dose Lovenox. Prior to this evaluation, the patient had been seen by Infectious Disease specialist, Dr. Moses, who did think that the patient's current signs could stem from sepsis or dehydration. The patient was rehydrated with one liter of IV fluid, and the patient's blood pressure improved to 114/77. Infectious Disease specialist did recommend to start labs and advised to hold on IV antibiotics pending those lab results. The patient denied any dizziness with ambulation. It was also considered that the patient's low blood pressure could stem from blood pressure medications. The patient was discharged on hydrochlorothiazide 25 mg p.o. daily, metoprolol 25 p.o. q12h, and lisinopril 10 mg p.o. daily. The patient denies any headache, blurry vision, dizziness or lightheadedness. Denies any nausea or vomiting. No left-sided chest pain, palpitations, fever or cough. No abdominal pain. No bilateral leg swelling. The patient states that he did look at the wound site, and it felt 100% better than before. Also, Infectious Disease specialist who evaluated the wound site said that it looks very clean.

PAST MEDICAL HISTORY: Diabetes mellitus, hypertension, thrombosis of left saphenous vein, necrotizing fasciitis, left upper thigh/groin area.

PAST SURGICAL HISTORY: Status post incision, drainage and debridement of necrotizing fasciitis.

SOCIAL HISTORY: The patient is incarcerated. He stays at the Rensselaer County Jail. Does not smoke. No alcohol or recreational drug use.

ALLERGIES: None.

FAMILY HISTORY: Father died in his 70's from MI. Mother is alive and healthy.

REVIEW OF SYSTEMS: All ten systems were reviewed and found to be negative except as mentioned in HPI.

MEDICATION HISTORY: Per discharge summary, metformin 100 mg p.o. twice a day, Tylenol 650 mg p.o. q6h, hydrochlorothiazide 25 mg p.o. daily, metoprolol 25 mg p.o. q12h, lisinopril 10 mg p.o. daily, Keflex 500 mg p.o. q6h, Diflucan 100 mg p.o. daily for seven days, Flagyl 250 mg p.o. q8h for seven days, Lovenox 1 mg per kg q12h, Coumadin 5 mg p.o. daily, oxycodone 5/325 two

tablets p.o. q4h p.r.n., Protonix 40 mg p.o. daily.

PHYSICAL EXAMINATION: A 42 -year-old man lying on the Emergency Room couch, noted not to be in any acute distress, not febrile to touch, no peripheral cyanosis, no finger clubbing. Head, ears, eyes, nose and throat atraumatic, normocephalic, not pale, not jaundiced. Neck is supple, no thyromegaly. Ears: No inflammatory process per external ear. No tenderness over mastoid process bilaterally. Nostrils: No nasal discharge and no deformity. Respiratory system: Good air entry both lung fields, no wheeze, no crackles. Cardiovascular system: S1, S2 regular, no murmur, no active precordium, no parasternal heave. Abdomen is full, soft, moves with respiration, no tenderness on light or deep palpation. Bowel sounds positive. There is no organ enlargement. CNS: The patient is alert, awake, oriented x3. Cranial nerves II-XII intact. Psychiatry: Normal affect, answers questions appropriately. No homicidal or suicidal ideation. Skin is warm and dry. There is no petechiae or skin rashes. Musculoskeletal system: No evidence of muscle wasting. Normal range of movement in all extremities. There is no bilateral calf tenderness, no bilateral pitting pedal edema, no extremity mottling. There is significant open wound up to 1-2 cm deep measuring up to 15-20 cm across in the left upper inner thigh and groin area. Breast exam not indicated. Rectal exam not indicated. Genitourinary system: No suprapubic tenderness and no bilateral flank tenderness posteriorly. Lymphatic system: No submental, cervical, pre and postauricular or occipital lymphadenopathy. No axillary or inguinal lymphadenopathy.

VITALS: Blood pressure 83/65. Repeat blood pressure after IV hydration 114/72. Pulse on presentation 126, respirations 18, temperature 98.7.

LABS: Sodium 140, potassium 4.8, chloride 105, bicarbonate 25, BUN 15, creatinine 1.4, glucose 133. Neutrophils 9.1, albumin 3.0, AST 30, ALT 95. Troponin less than 0.015. Lactic acid 2.1. WBC 9.91, hemoglobin 12.4, hematocrit 37.8, platelets 629. PT 13.1, INR 1.2. Neutrophils 66.5.

ASSESSMENT: This is a 42 -year-old man who was brought to Emergency Room from Rensselaer County Jail for evaluation of abnormal vitals.

DIAGNOSES: Dehydration, acute kidney injury, possible sepsis, necrotizing fasciitis status post incision and drainage and wound debridement. Thrombosis of left saphenous vein.

PLAN: The patient will be admitted to Med/Surg floor as an inpatient. The patient is admitted as an inpatient as the patient is a bounceback and will need a couple of days to stabilize. Will monitor CBC and BMP in a.m., vital signs per floor, activities as tolerated. Diet is cardiac/diabetic diet.

For dehydration/acute kidney injury, suspect that the patient's abnormal vitals could stem from dehydration. There is also a possibility that the patient could be in early sepsis. We will rehydrate the patient with IV fluid and will check labs in a.m.

For suspected sepsis, the patient had been evaluated by Infectious Disease specialist and will follow his antibiotic advice. Will also call Surgery consult to Dr. Field to follow with the patient during this hospitalization.

For necrotizing fasciitis, did discuss with the Infectious Disease specialist who advised wet-to-dry dressing b.i.d.

For thrombosis of saphenous vein, we will continue the patient on Lovenox and Coumadin. Because the patient is dehydrated, we will hold the patient's hydrochlorothiazide.

For diabetes mellitus, we will start the patient on fingerstick glucose and insulin sliding scale. The patient's diabetic and other medications will be restarted. GI prophylaxis with Protonix and DVT prophylaxis with Lovenox.

The patient's current medical problems and treatment plan were discussed with the patient who demonstrates understanding and is in agreement.

Note: EKG was reviewed which shows sinus tachycardia at a ventricular rate of 102 beats per minute. Nonspecific ST T-wave changes.

Time taken to evaluate the patient and dictate H and P: 71 minutes.

Distribution List:
Fax-1 \R\ Samuel Anameze, MD
Fax-2 9,2749487\R\ Ronald Musto, MD
\R\

Samaritan Hospital

Medical Records Reports

Consultation Report

Acct:	0043735301	**Med Rec Num:**	01025093
Name:	WRIGHT,JERRELL	**Phys:**	El Kouachi MD,Siham
Address:	RCJ 4000 MAIN ST,TROY NY 12180	**Sex:**	M
Admit Date:	08/31/13	**DOB:**	09/06/70
Disch. Date:	09/03/13		
Age:	42		
Status:	DIS IN		
Loc:	5T		

Draft Until Signed

DICTATED BY: Joel Moses, M.D. cross covering for Tanveer Sultan, M.D.

DATE OF CONSULTATION: 08/31/13

PRIMARY CARE: Ronald Musto, M.D.

EXHIBIT 18

HISTORY OF PRESENT ILLNESS: The patient is a 42 -year-old African-American male known to me from a consultation on 08/18/13 while previously cross covering for Dr. Sultan, as I am this weekend, for what appeared to be left groin necrotizing fasciitis. The patient was seen immediately postop in the PACU in the setting of obesity, hypertension, diabetes and possible metabolic syndrome, and incarceration. The area had started as a pimple-like area several weeks before, and when he was admitted to the hospital on 08/18/13, his white count was an impressive 40.5 with BUN 34 and creatinine of 1.5, suggestive of some dehydration and renal insufficiency. The patient was treated with IV antibiotics and surgery. Care was turned over to Dr. Sultan, the other infectious disease doctor here in town after the patient was seen on my weekend on as the initial call had been to her, and antibiotics were managed by her over the last several weeks. The patient was last seen several days ago by her. The patient was changed this morning off Bactrim to Keflex, Diflucan and Flagyl by the discharging hospitalist, Dr. Khurshid, who noted that the patient had had a fever of 99.2, and now the patient is brought back a few hours later complaining of diaphoresis and lightheadedness at the jail.

In the Emergency Room, he was noted to be hypotensive to the point of l

believe 83/65 with a pulse of 126, a respiratory rate of 18, temperature 98.7, white count of 9.57. H and H 12.4/37.8 and a platelet count of 629 with a lactic acid level just above normal at 2.1, 2.0 being the upper limits of normal, AST of 30, ALT 95. Sodium 140, potassium 4.8, chloride 105, bicarbonate 25, BUN 15, creatinine 1.4, glucose 133. Troponin less than 0.015. Alk phos 95. Calcium 9.1. Total protein 7.3. Albumin 3, globulin 4.3. Pro time 13.9, INR 1.2. Total bilirubin 0.3.

A concern was raised in regards to possible dehydration versus possible sepsis versus possibly both. The patient was ordered by the Emergency Room doctor Zosyn and one liter of fluid. Vancomycin was also ordered. ID input requested by Dr. Anameze. I saw the patient and requested repeat labs as the one liter of fluid was already in, in case the increased lactic acid level was secondary to dehydration as the patient is afebrile with a normal white count and his groin wound appears to be clean, granulated and uninfected.

PAST MEDICAL HISTORY: As previously noted, obesity, previously 320, 6'5", down to 272 on last admission with diabetes since 2005, hypertension. No history of elevated cholesterol.

PAST SURGICAL HISTORY: Incision and drainage of apparently a cutaneous abscess, right stomach in 2001, and now status post incision and drainage of groin necrotizing fasciitis on I believe 08/18/13.

ALLERGIES: No known drug allergies.

MEDICATIONS ON DISCHARGE included the following. He was changed from Bactrim this morning to Keflex 500 q6 for seven days, Diflucan 100 mg daily for seven days and Flagyl 250 q8 for seven days. He was also placed on metformin 1000 mg twice a day, Tylenol 650 mg q6, hydrochlorothiazide 25 mg daily, metoprolol 25 mg orally q12, lisinopril 10 mg orally daily, Lovenox 1 mg per kg q12, to be discontinued when INR in therapeutic range between 2 and 3, Coumadin 5 mg daily to start, oxycodone 5/325 two tabs as needed for pain q4h, and Protonix 40 mg orally daily.

SOCIAL HISTORY: He is currently incarcerated. He has been incarcerated 19 months. He indicates he does have some time left on his sentence. He denies any recent history of smoking. He has three children and two grandchildren who are healthy. There is no healthcare proxy. I have advised him to get one. He was checked for MRSA on last admission and was negative.

FAMILY HISTORY: His father died in his 70's of a heart attack. He was an overweight smoker. His mother is healthy. He has healthy siblings.

REVIEW OF SYSTEMS: Otherwise negative x12.

PHYSICAL EXAMINATION: On physical exam, status post one liter of fluid, his blood pressure has increased from 83/65 to 114/77. His pulse has come down from 126 to 106. His respiratory rate is 12. There is no thrush. He has been afebrile. Mucous membranes are moist. Neck is supple. No lymphadenopathy, JVD or thyromegaly. Cardiac exam: Regular rate and rhythm, S1, S2, no S3, no S4, no rubs, murmurs, heaves or thrills. Lungs clear to auscultation and percussion. Abdomen is soft, nontender, positive bowel sounds, no hepatosplenomegaly, no masses. He is obese. Left groin has a clean granulating wound with no evidence of infection. Extremities show no clubbing, cyanosis or edema.

LAB DATA: See history of present illness. Repeat labs are pending. Blood cultures are pending. Urine culture are pending. Urine cultures are pending but no UA has been found.

IMPRESSION/PROBLEM LIST: A 42 -year-old African-American inmate at the Rensselaer County Jail status post the OR and a two-week hospital stay for necrotizing fasciitis, now with a clean thigh wound with lightheadedness and diaphoresis earlier in the day, now resolved and improved hypotension, status post one liter of IV fluid. Lactic acidosis but normal white count, normal temperature.

ASSESSMENT AND PLAN: Sepsis possible but suspect elevated lactic acid and decreased blood pressure secondary to dehydration and discharge medications. Will hold vancomycin, await stat repeat labs. If lactic acid is improved, consider discharge back to the jail. If lactic acid is no better or worse, then ongoing antibiotics and hospitalization. I have discussed the above with Dr. Anameze and the patient's nurse.

Please note that from 5:04 to 6:06 was spent on this reconsultation for 62 minutes of time, possibly critical care time should the patient having ongoing evidence of possible sepsis.

Samaritan Hospital

Medical Records Reports

Discharge Summary

Acct:	0043735301	Med Rec Num:	01025093
Name:	WRIGHT,JERRELL	Phys:	El Kouachi MD,Siham
Address:	RCJ 4000 MAIN ST,TROY NY 12180	Sex:	M
Admit Date:	08/31/13		
Disch. Date:	09/03/13	DOB:	09/06/70
Age:	42		
Status:	DIS IN		
Loc:	5T		

Draft Until Signed

DICTATED BY: Siham El Kouachi, MD

DATE OF DISCHARGE: 09/03/2013

HISTORY: This is a 42 -year-old male sent from jail because of vital signs were abnormal. He was hypotensive and tachycardic, and so he was sent for evaluation. The patient was recently in the hospital for necrotizing fasciitis for which he had an incision and drainage and debridement by Surgery, and the patient was admitted for suspected sepsis.

Exhibit 19

PAST MEDICAL HISTORY: Diabetes mellitus, hypertension, necrotizing fasciitis, status post incision and drainage.

PAST SURGICAL HISTORY: As above.

ALLERGIES: No known allergies.

MEDICATION HISTORY: The patient was on Keflex 500 every six hours, bisacodyl 100 mg daily, Flagyl 250 every eight hours, metformin 500 mg b.i.d., Tylenol 650, hydrochlorothiazide 25 mg daily, metoprolol 25 mg daily, lisinopril 10 mg daily, Lovenox 1 mg per kilo every 12 hours for an INR between 2 and 3, and Oxycodone 5/325, two tablets as needed for pain, and Protonix 40 mg PO q.d.

SOCIAL HISTORY: The patient is incarcerated. He denies smoking.

NAME: WRIGHT, JERRELL DOB: 09/06/70ACCT: 0043735301

FAMILY HISTORY: Father died of a heart attack and mother was healthy.

On initial physical examination, the patient was seen after a liter of IV fluids was given to him. Blood pressure improved to 114/77, and his tachycardia improved. The rest of the physical exam was within normal limits except for a clean wound at the left groin with clean granulation tissue without evidence of active infection.

Initial labs were within normal limits, and cultures were negative.

The patient was admitted to the floor, received IV fluids, rehydration, was started on broad spectrum antibiotics for suspected sepsis, given the fact that his blood pressure was low and his lactic acid was elevated. Initially he was placed on Vancomycin, and then it was held later on and the patient was continued on Zosyn.

On 9/1 the patient was off of antibiotics and was observed without fever or change in vital signs. So the decision was to discharge the patient back to jail.

He was evaluated during his hospitalization by Surgery, who recommended upon discharge to do a b.i.d. wet to dry dressing with StrataSorb, adhesive tape, and also the patient will have to follow with them as an outpatient. The patient also was followed by ID, Dr. Sultan, who cleared him for discharge also.

DISPOSITION: The patient will go back to jail.

DIAGNOSIS UPON DISCHARGE:
1. Likely dehydration, doubt sepsis.
2. Necrotizing fasciitis, status post incision and drainage and debridement.

DISCHARGE MEDICATIONS: The patient was discharged on his previous medications, including the metformin, the blood pressure medication, and the Lovenox, full dose, for the saphenous vein thrombosis.

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF NEW YORK

United States of America

vs 1:12-cr-14(FJS)

Jerrell Wright

ORDER RELEASING DEFENDANT

The above named defendant is in the custody of the United States Marshal awaiting trial in the above entitled matter. Currently, the defendant is hospitalized at Samaritan Hospital, Troy, New York, soon to be transferred to Albany Medical Center, and is under the supervision of the United States Marshal. As it appears that the defendant will remain hospitalized for an extended period of time, due to the seriousness of his illness, the defendant shall be ordered temporarily released from custody, for the sole purpose of receiving treatment for his medical condition.

During his hospital stay, the defendant will provide the United States Probation Office with weekly status reports on his medical progress. The probation office may increase the frequency of these reports at their discretion.

Once the defendant is advised by medical personnel of his hospital discharge date, the defendant shall immediately notify the probation office who in turn shall notify the Court and also advise the United States Marshal, so that arrangements can be made to take the defendant back into custody on the discharge date. The defendant **MAY NOT** self surrender into the custody of the marshal. Therefore it is

ORDERED that the defendant shall temporarily be released from custody pursuant to the terms of this order.

IT IS SO ORDERED.
September 3, 2013
9/3/2013

Frederick J. Scullin, Jr.
Senior U.S. District Judge

[redacted]
Exhibit 20
[redacted]

Federal Probation
257-1700

Albany Memorial Hospital

Emergency Department Reports

Acct: M062065660
Name: WRIGHT,JERRELL
Age: 42
Arrival Date: 09/03/13

Med Rec Num: M0762760
Phys: Sturgill MD,Timothy
DOB: 09/06/70
Sex: M

Status: DEP ER
Loc: M-ER

Physician Documentation

Physician Documentation

History

He reports that he was initially hospitalized about 3 weeks ago at Samaritan. This hospitalization ultimately ended up being for necrotizing fasciitis of his left thigh. He was subsequently discharged on 8/31/13 to the Rensselaer County Jail. On 8/31/13, because of low BP and high pulse rate, the jail returned him to Samaritan ED where he was readmitted for wound care and a re-evaluation for sepsis related to the necrotizing fasciitis. The evaluation was negative. Upon discharge today he was given followup with his PCP Dr. Musto and with his surgeon Dr. Sultan in 2 days for subsequent re-evaluation of the wound. He was returned to the jail and the jail released him telling him to go to the AMH's wound clinic. No arrangements have been made and he presents to the ED instead.

He has been in custody for 2 years.

ROS

5 systems have been reviewed and are negative except as concurrently documented elsewhere in this record. Nursing notes have been reviewed.

PMH/Meds/Allergies/Social History

Have been reviewed and are non-contributory except as concurrently documented elsewhere in this record. Nursing notes have been reviewed.

Examination

Vitals: reviewed in the triage context; significant values known: none

Vital Signs

	Result	Date Time
Pulse Ox	99	09/03 1807
B/P	124/89	09/03 1807
O2 Delivery	Room Air	09/03 1807
Temp	98.8	09/03 1807
Pulse	108	09/03 1807
Resp	16	09/03 1807

EXHIBIT 21

General: alert/responsive x4, NAD

HEENT: head is normocephalic, atraumatic. PERRL, EOMI. Naso/oral mucosa pink/moist without lesions. No drainage. TMs are clear bilaterally.

Neck: no lymphadenopathy, no JVD, no tenderness, good ROM.

Chest: symmetrical and non-tender.

Seton Health - St Mary's Hospital
Emergency Department Physician Documentation

Report Status: Signed
Registration Date: 09/03/13

Name: WRIGHT,JERRELL
DOB: 09/06/70
MR #: M000500367
Account #: V00073528762

Medical History

General
Chief Complaint: Wound Open
Stated Complaint: WOUND
Patient Initial Contact: 2105
Time Seen by Provider: 2120

History of Present Illness
History of Present Illness
The patient is a 42-year-old man with history of diabetes who underwent wide debridement of necrotizing fasciitis on 8/18 by Dr. Field. He was discharged from Samaritan Hospital earlier today and sent to the Renselear County jail where he is an inmate. He was released from custody later her in the afternoon because of medical reasons. He was told to come to St. Mary's for admission. The patient was discharged with multiple prescriptions but has no ability to fill them. He is unable to change his wound because he is unable to see it located in his left medial thigh and groin. He also does not have a place to live. He denies any fevers or chills.

Past Medical History
Allergies
Coded Allergies:
NO KNOWN DRUG ALLERGY (09/03/13)

Asthma/Emphysema/COPD No
Bleeding Disorders/Anemia No
Cancer/Leukemia: No
Cardiac Disease/HTN: Yes
Comment: HTN/DVT
CHF: No
Diabetes: Yes
Kidney Disease/Failure: No
Liver Disease/Hepatitis: No
Mental Health: No
Musculoskeletal Problems: No
PVD: No

Exhibit 22

Family History
Significant Family History no pertinent family hx

Social History
Do you smoke? No

Seton Health - St Mary's Hospital
Emergency Department Physician Documentation

Report Status: Signed
Registration Date: 09/03/13

Name: WRIGHT,JERRELL
DOB: 09/06/70
MR #: M000500367
Account #: V00073528762

Medical History

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Past Medical History
Allergies
Coded Allergies:
NO KNOWN DRUG ALLERGY (09/03/13)

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Bleeding Disorders/Anemia No
Cancer/Leukemia: No
Cardiac Disease/HTN: Yes
Comment: HTN/DVT
CHF: No
Diabetes: Yes
Kidney Disease/Failure: No
Liver Disease/Hepatitis: No
Mental Health: No
Musculoskeletal Problems: No
PVD: No

Exhibit 22

Family History
Significant Family History no pertinent family hx

Social History
Do you smoke? No

Seton Health - St Mary's Hospital
Emergency Department Physician Documentation

Report Status: Signed
Registration Date: 09/03/13

Name: WRIGHT,JERRELL
DOB: 09/06/70
MR #: M000500367
Account #: V00073528762

Drugs Use none
Smoking Cessation Counseling
Smoking Cessation Counseling Time? No
Living Arrangements homeless
DNR: No

Review of Systems
Constitutional no symptoms reported
Skin see HPI
Head no headache
EENTM no symptoms reported
Respiratory no shortness of breath
Cardiovascular no chest pain
Gastrointestinal no abdominal pain, no nausea or vomiting
Genitourinary no symptoms reported
Neurological no symptoms reported
Psychological normal mood/affect
All Other Systems reviewed and negative

Physical Exam

Physical Exam
General Appearance: alert, no apparent distress
Vital Signs

Vital Signs

	Result	Date Time
Pulse Ox	97	09/03 2101
B/P	141/99	09/03 2101
O2 Delivery	Room Air	09/03 2101
Temp	98.9	09/03 2101
Pulse	131	09/03 2101
Resp	16	09/03 2101

Weight: 268
Skin/Lymphatic: left medial thigh and groin- [redacted] wound bed in the left medial thigh that [redacted] Pink granulation tissue. No drainage. No tenderness.
Eye Exam: PERRL, EOMI
Ear, Nose, Throat: normal ENT inspection
Head: atraumatic/normocephalic
Respiratory/Chest: chest non-tender, lungs clear
Cardiovascular: regular rate/rhythm, no murmur

Seton Health - St Mary's Hospital
Emergency Department Physician Documentation

Report Status: Signed
Registration Date: 09/03/13

Name: WRIGHT,JERRELL
DOB: 09/06/70
MR #: M000500367
Account #: V00073528762

Back: no CVA tenderness, no vertebral tenderness
Gastrointestinal: normal bowel sounds, non tender, no organomegaly, no pulsatile mass, soft
Neurologic: CNs II-XII nml as tested, no motor/sensory deficits
Psychiatric: normal mood/affect

Data

Data
DATA

Abnormal Labs

	09/03 2205
Chemistry	
Anion Gap (2 - 11 mEQ/L)	12.0
Glucose (70 - 99 MG/DL)	114
Hematology	
Hgb (14.0 - 18.0 g/dL)	11.8
Hct (40 - 54 %)	36.7
MCV (80 - 94 fL)	76.5
MCH (27 - 33 pg)	24.6
Plt Count (138 - 425 10*3/uL)	479
MPV (9.4 - 12.1 fL)	9.3

Laboratory Tests

	09/03 2205	09/03 2205
Chemistry		
Sodium (135 - 145 MEQ/L)		143
Potassium (3.5 - 5.0 MEQ/L)		4.1
Chloride (98 - 110 MEQ/L)		107
Carbon Dioxide (20 - 30 MEQ/L)		24
Anion Gap (2 - 11 mEQ/L)		12.0
BUN (10 - 25 MG/DL)		11
Creatinine (0.50 - 1.20 MG/DL)		0.87
Glucose (70 - 99 MG/DL)		114
Calcium (8.5 - 10.5 MG/DL)		8.9
Total Bilirubin (0.2 - 1.2 MG/DL)		0.5
AST (10 - 45 U/L)		25
ALT (10 - 49 U/L)		47
Alkaline Phosphatase (30 - 130 IU/L)		65
Total Protein (6.4 - 8.3 gm/dl)		6.9

Seton Health - St Mary's Hospital
Emergency Department Physician Documentation

Report Status: Signed
Registration Date: 09/03/13

Name: WRIGHT,JERRELL
DOB: 09/06/70
MR #: M000500367
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Albumin (3.2 - 5.5 g/dl)		3.7
Globulin (1.5 - 3.5 g/dl)		3.2
TSH 3rd Generation (0.510 - 6.270 uIU/ml)	1.020	
Hematology		
WBC (4.5 - 11.5 10*3/uL)		7.4
RBC (4.7 - 6.1 10*6/uL)		4.80
Hgb (14.0 - 18.0 g/dL)		11.8
Hct (40 - 54 %)		36.7
MCV (80 - 94 fL)		76.5
MCH (27 - 33 pg)		24.6
MCHC (32 - 36 g/dL)		32.2
RDW Std Deviation (11.5 - 14.5 %)		14.5
Plt Count (138 - 425 10*3/uL)		479
MPV (9.4 - 12.1 fL)		9.3
Neut % (20.0 - 70.0 %)		56.6
Lymph % (18 - 42 %)		27.4
Mono % (4.2 - 12.4 %)		12.3
Eos % (0 - 4 %)		2.4
Baso % (0 - 2 %)		0.9
Absolute Neutrophils (2.1 - 4.9 10*3/uL)		4.2
Absolute Lymphocytes (1.2 - 3.4 10*3/uL)		2.0
Absolute Monocytes (0.2 - 0.9 10*3/uL)		0.9
Absolute Eosinophils (0 - 0.4 10*3/UL)		0.2
Absolute Basophils (0 - 0.2 10*3/uL)		0.1

Medical Decision Making

Medical Decision Making

MDM:
The patient is a 42-year-old man who recently underwent a large excision of soft tissue in his left medial groin secondary to necrotizing fasciitis. He has diabetes as well. He presents for ongoing wound care now that he was precipitously discharged from jail this evening. His wound looks clean and not infected. However because of his need for prescription coverage, housing and the wound care plan he will need to be admitted in the hospital overnight so these services can be arranged.
Reviewed Medical Records, RN notes reviewed

Course - General

immediately

Course Comment

Seton Health - St Mary's Hospital
Emergency Department Physician Documentation

Report Status: Signed
Registration Date: 09/03/13

Name: WRIGHT,JERRELL
DOB: 09/06/70
MR #: M000500367
Account #: V00073528762

the patient was stable in the ED
Consult 1:
2145- Discussed the case with Rensellear Co Jail Nurse manager, Kathy. She reports the patient returned from Samaritan today. She states becasue of his medical needs and the need for a likely skin graft in the future that the Feds pulled strings and released him from custody this afternoon. They discharged him with prescriptions but no means of filling them. She told him to go to St. Mary's because a nurse that works here used to work at the jail.
Meds Given in ED
Medications Given in ED

Medication	Dose	Sig/Sch Route	Start time Stop Time	Status	Last Admin
Cephalexin	500 MG	IN ER ONE PO	09/03 2200 09/03 2201	DC	09/03 2213
Metronidazole	250 MG	IN ER ONE PO	09/03 2200 09/03 2201	DC	09/03 2213

Departure

Departure
Disposition Date
09/03/13

Disposition Decision Time 2205
Disposition ADMITTED AS IP (ER USE ONLY)
Clinical Impression healing left thigh wound, diabetes
Condition Stable
Was Critical Care provided to patient? No
Was pt placed in Observation status in Emergency Department? No
Referrals
NONE (PCP)

Reviewed and Electronically Signed by:
Bibighaus, Michael R MD 09/04/13/0015

SETON HEALTH
HEALTH INFORMATION MANAGEMENT
TROY, NEW YORK 12180

HISTORY AND PHYSICAL EXAMINATION

PATIENT: WRIGHT, JERRELL
MEDICAL RECORD #:M000500367 ACCOUNT #: 073528762
DATE OF BIRTH: 09/06/1970 ADM. DATE: 09/03/2013
ROOM #: 531
ATTENDING DOCTOR: Robert Boska MD

Exhibit 23

PRIMARY CARE PHYSICIAN: None.

ADMITTING PHYSICIAN: Dr. Boska for Hospitalist Service HS#2.

CHIEF COMPLAINT: Draining wound of previous necrotizing fasciitis and sinus tachycardia.

HISTORY OF PRESENT ILLNESS: Jerrell Wright is a 42-year-old obese, hypertensive, non-insulin dependent diabetic black male who had a wide incision and drainage of necrotizing fasciitis by Dr. Fields at Samaritan Hospital on August 18th. He was discharged back to jail to take oral antibiotics, but he returned on August 31st through September 3rd for an episode of hypotension. This episode was originally thought to be secondary to sepsis with an increased lactic acid but cleared easily with hydration only. After he again returned to jail, he was released with his prescriptions unfilled, homeless, and unable to obtain any wound care or medications, so he came back to the Emergency Room.

There has been no fever and no other new symptoms. He does mention that while he was in the hospital, he had some tests done because of a rapid heartbeat. A thyroid stimulating hormone done at Samaritan Hospital was low.

PAST MEDICAL HISTORY:
Diabetes mellitus (non-insulin dependent, controlled, hemoglobin A1c on August 18th was 6.4%).
Obesity (BMI 31.8).
Hypertension.
History of necrotizing fasciitis left thigh.
Unexplained sinus tachycardia.

PAST SURGICAL HISTORY: Incision and drainage of necrotizing fasciitis left thigh.

ADVERSE MEDICATION REACTIONS: None known.

MEDICATIONS (PREADMISSION):
Oxycodone/APAP 5/325 q6h prn pain.
Pantoprazole 20 mg daily.
Warfarin 5 mg daily.
Cephalexin 250 mg q6h.
Fluconazole 100 mg daily.

Metronidazole 250 mg q8h.
Metoprolol 25 mg twice daily.
Naproxen 500 mg twice daily.
Lisinopril 10 mg daily.
Metformin 1,000 mg twice daily.
Acetaminophen 650 mg q4h prn pain.

FAMILY HISTORY: No known significant pattern of illness.

SOCIAL HISTORY: Single. Just released from jail. Homeless. Unemployed. Nonsmoker. No alcohol since being in jail for 19 months. No known history of substance abuse.

REVIEW OF SYSTEMS: No recent fever, unusual fatigue. No shortness of breath nor cough. No chest pain, palpitations, dizziness, leg swelling or calf pain. He has had a rapid heartbeat as above. No nausea, change in appetite, heartburn, abdominal pain, constipation, or diarrhea. No urinary frequency, dysuria, nor hematuria. No muscle aches nor joint pains. No numbness, local weakness, no tremor. No change in vision, hearing, or unusual headache. No rash, sores, nor other skin problems.

PHYSICAL EXAMINATION: Appears in no distress, lying flat on stretcher with head elevated, obese. INITIAL VITAL SIGNS: Temperature 98.9, pulse 131, blood pressure 141/99, SaO2 97% on room air, respiratory rate 16, weight 268, height 6 feet 5 inches. HEAD, EYES, EARS, NOSE, THROAT: Without significant lesion. No evidence of head trauma. EYES/EARS: Without apparent lesion. Oral mucosa is moist without lesion. NECK: Supple without palpable nodes nor other mass. LUNGS: Clear. No wheezes or rales. HEART: Regular rhythm without audible murmur. ABDOMEN: Obese, soft, nontender without palpable mass nor organomegaly. Bowel sounds are normal. EXTREMITIES: Without calf tenderness nor edema. There is a large bandage on the medial aspect of the proximal left thigh. There is no surrounding tenderness nor edema. NEUROLOGIC EXAM: Shows no tremor nor apparent focal deficits. SKIN: Without significant lesion other than the bandaged wound on the left thigh.

LABORATORY DATA: WBC 7.4, hemoglobin 11.8, hematocrit 36.7, platelets 479 Glucose 114, BUN 11, creatinine 0.9, sodium 143, potassium 4.1, chloride 107, CO2 24, calcium 8.9, AST 25, ALT 47, alkaline phos 65, bilirubin 0.5, albumin 3.7.

INITIAL ASSESSMENT AND PLAN: This is a patient with recently operated necrotizing fasciitis containing cavity drainage of an open wound that needs continued wound care. He also needs to finish a course of antibiotics, and is unable to do either things on his own after being discharged from prison. We will continue his wound care here and continue his Cephalexin and Metronidazole oral therapy. Infectious Disease consultation has been requested from Dr. Sultan. I have also requested Social Service consultation regarding arrangement for outpatient safe disposition, including adequate wound care and availability of medications

The patient is a non-insulin dependent diabetic, whose glucose has generally been controlled with metformin, which will be continued. I have added a fingerstick glucose with low-scale coverage.

Regarding patient's sinus tachycardia, currently 130, with no evidence of dehydration or anemia, thyroid stimulating hormone at Samaritan Hospital was low, so this possibly represents a case of hyperthyroidism. Reflux thyroid stimulating hormone will be done to confirm the thyroid

Seton Health - St Mary's Hospital
Consult Report

Name: WRIGHT,JERRELL
DOB: 09/06/70
Account #: V00073528762 MR#: M000500367
Adm Date: 09/03/13 Dis Date: 09/04/13

SETON HEALTH
HEALTH INFORMATION MANAGEMENT
TROY, NEW YORK 12180

CONSULTATION REPORT

Exhibit 24

PATIENT: WRIGHT, JERRELL
MEDICAL RECORD #:M000500367
DATE OF BIRTH: 09/06/1970
ROOM #: 530
ATTENDING DOCTOR: Evangelos Pallis MD
CONSULTING DOCTOR: Tanveer Sultan, MD

ACCOUNT #: 073528762
ADM. DATE: 09/03/2013
CON. DATE: 09/04/2013

Mr. Wright is a forty-two year old male with history of being incarcerated in the jail. He developed an infection in his left thigh and had presented to Samaritan Hospital with necrotizing fascitis. He had debridement and surgery done and the wound was really clean. The wound cultures never grew any bacteria. He was put on a wound vac and discharged to the jail, but they were unable to take care of his wound vac and he was sent back. His dressings in Samaritan Hospital were changed from wet to dry and he was sent to the jail yesterday, but then he was released and he was admitted to St. Mary's Hospital.

Patient denies any fevers, chills. Denies nausea, vomiting, diarrhea. Denies headaches, seizures. Denies hemoptysis, hematemesis or melena.

PAST MEDICAL HISTORY:
Diabetes.
Hypertension.

SOCIAL HISTORY: He was incarcerated for doing drugs.

PHYSICAL EXAMINATION: On examination, his temperature is 98, pulse is 130, respirations are 16 and blood pressure is 140/90. He is alert, sitting comfortably, having his lunch. He is well built. Neck is supple. Lymph nodes are not enlarged. Lungs are clear. Cardiovascular system: S1, S2 is normal. No murmur. Abdomen is soft. Bowel sounds are present. No mass or tenderness. Extremities: He has a large wound about 4 x 5 inches on his left groin and thigh, medially. It is clean looking and there is no odor. It is red. There is no purulent drainage.

LABORATORY DATA: His white count was 6, hemoglobin and hematocrit 12 and 38, platelets 475, polys 47, eosinophils 4.8. Sodium 143, potassium 4, chloride 107, CO2 24, BUN 11, creatinine 0.8 and glucose is 114.

IMPRESSION: Patient with a large ulcer on his left groin. We will discontinue the Keflex and Flagyl as he has been on antibiotics for the last two weeks. We will continue to follow and monitor the wound. In the meantime, the social workers are working on finding placement for him.

Tanveer Sultan, MD

Seton Health - St Mary's Hospital
Discharge Report

Name: WRIGHT,JERRELL
DOB: 09/06/70
Account #: V00073528762
Adm Date: 09/03/13
MR#: M000500367
Dis Date: 09/04/13

SETON HEALTH
HEALTH INFORMATION MANAGEMENT
TROY, NEW YORK 12180

DISCHARGE SUMMARY

PATIENT: WRIGHT, JERRELL
MEDICAL RECORD #:M000500367
DATE OF BIRTH: 09/06/1970
ROOM #: 530
ATTENDING DOCTOR: Evangelos Pallis MD

ACCOUNT #: 073528762
ADM. DATE: 09/03/2013
DISCH. DATE: 09/04/2013

FINAL DIAGNOSIS:

Status post necrotizing fasciitis with wound to the left thigh, no longer infected.

ADDITIONAL DIAGNOSES:

Poor discharge planning leading to this admission.
Recent saphenous vein thrombosis presumptively on Coumadin for that.

PAST MEDICAL HISTORY: Past medical history includes a history of recent necrotizing fasciitis for which the patient was hospitalized until yesterday. I believe he was hospitalized at Samaritan Hospital and underwent debridement. Diabetes mellitus non-insulin dependent. Obesity. Hypertension. Sinus tachycardia.

MEDICATIONS ON DISCHARGE:

Lisinopril 10 mg daily.
Metformin 1000 mg orally twice daily.
Metoprolol Succinate 25 mg orally twice daily.
Naprosyn 500 mg twice daily.
Oxycodone 5/325 1 tablet orally every 6 hours as needed for pain.
Pantoprazole 20 mg orally daily.
Acetaminophen 650 mg every 4 hours as needed for pain.
Warfarin 5 mg orally daily.

The patient was instructed to have his INR drawn at least every second or third day.

PERTINENT LABS:

Largely unremarkable electrolytes.
Hemoglobin/Hematocrit 11.9 and 38.1. MCV 78. RDW 14.6. Platelets 475.
INR 1.3 on Coumadin.

IMAGING: None.

HOSPITAL COURSE: The patient's recent past medical history is complicated He was discharged from Samaritan Hospital on a course of PO antibiotics for his recent hospitalization for necrotizing fasciitis as well as recommendations for twice daily wet to dry dressing changes. He was

discharged to a jail. Apparently while he was at Samaritan Hospital he had prison guards who oversaw him. While he is in the jail a brief period of time I believe the patient became concerned about his wound and he was transferred back to St. Mary's Hospital this time where the Admitting Staff and Emergency Room Physicians too shared concerns about the wound and the patient was readmitted to the hospital. However, he was continued on his PO medications. I saw the patient on the date of discharge and examined his wound. It had a several centimeter ulceration to the upper area of his left thigh that had clean margins and seemed to be well healing. I found the patient on PO antibiotics. He was consequently seen by Surgical Services during his hospitalization here who also thought the wound looked non-infected and actually stopped his PO antibiotics. He is also on PO Diflucan for some unclear reasons to me, maybe he developed fungal infections while on antibiotics so I will also stop that. The documentation for why he is on Coumadin is also sketchy but he seems to be on that for saphenous vein thrombosis. In any case, now that the patient's PO antibiotics have been discontinued, he is considered stable for discharge. Apparently he is still under arrest and still wanted at the jail. I have been very much involved in the patient's care with his Nurse and Case Manager who has made contact with the jail and at the time of this dictation a prison guard for the jail will represent back to St. Mary's Hospital and escort the patient back to jail with the above medications. He, of course, is instructed to follow up with his Surgeon as per his Surgeon which I would think would be in 1 to 2 weeks time or upon release from jail.

The computer does not identify a primary care physician to carbon copy. I will, however, take the liberty of carbon copying Dr. Field at Samaritan Hospital. At the time of this dictation the consultation note from the Surgeon at St. Mary's Hospital is unavailable to me.

Additionally, the patient, as mentioned, has microcytic anemia, mild and probably related to his recent surgery and would recommend follow up in a week or ten days time with CBC. He may ultimately need additional work up for likely iron deficiency anemia.

Additionally see the H and P per Dr. Boska. There were concerns about hyperthyroidism, however, during this hospitalization patient had repeat TSH drawn which is normal at 1.02.

This discharge summary given I saw the patient twice today also took greater than 30 minutes to complete.

Evangelos Pallis, MD

mb
dict. 09-04-2013 13:06
trans. 09-04-2013 13:45
Job # 832534
cc
GREGORY FIELD MD, (F)
PCP NONE
PATIENT NAME: WRIGHT, JERRELL Page: 3
MR: 000500367
DISCHARGE SUMMARY

XL0218 (09/97)

NOTICE NUMBER : U388923768 Page: 1 *****

(53)

RENSSELAER COUNTY DSS
1801 6TH AVE
TROY, NY 12180-9979

NOTICE OF DECISION ON YOUR MEDICAL ASSISTANCE.

SI USTED DESEA RECIBIR NOTIFICACIONES FUTURAS EN ESPANOL, POR FAVOR PONGASE EN CONTACTO CON SU TRABAJADOR(A).

NOTICE NUMBER: U388923768	DATE: September 28, 2013	CASE NUMBER: M199864	
OFFICE	UNIT M300	WORKER M354	UNIT OR WORKER NAME MA RECERT	TELEPHONE NO. 518-270-3928

AGENCY TELEPHONE NUMBERS

GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP	518-270-3928
OR Agency Conference	518-270-3928
Fair Hearing information and assistance	800-342-3334
Record Access	518-270-3928
Child Teen Health Plan	518-270-3928

CASE NAME / AND ADDRESS

/M300/M354

Exhibit 25

WRIGHT JERRELL
4000 MAIN ST,
TROY, NY 12180

IF YOU DO NOT AGREE WITH ANY DECISION EXPLAINED IN THIS NOTICE, YOU HAVE A RIGHT TO ASK US FOR A CONFERENCE AND/OR ASK THE STATE FOR A FAIR HEARING. READ THE CONFERENCE AND/OR FAIR HEARING SECTION TO SEE HOW TO ASK FOR A CONFERENCE AND/OR A FAIR HEARING.

MEDICAL ASSISTANCE

We have accepted your Medical Assistance application dated September 19, 2013 for all Medicaid covered care and services effective August 1, 2013 for:

Name	Client I.D. #
JERRELL WRIGHT	CZ71744J

Please review the Medical Assistance Utilization Threshold Information, found in the Medical Assistance section of the booklet, "LDSS-4148B: What You Should Know About Social Services Programs." The information explains any services limitations. The LDSS-4148B was given to you when you applied for assistance.

If you submitted paid medical bills for direct reimbursement, you will be notified separately of our decision.

This decision is based on Regulations 18 NYCRR 360-4.1, 360-4.2, 360-4.3, 360-4.4, 360-4.5, 360-4.6 and 360-4.7.

If your income is too high for Medicaid coverage, you may still be able to get health care coverage.

Beginning January 1, 2014, New Yorkers will have new options for comprehensive and affordable health insurance thanks to the creation of a new marketplace called the New York State Health Benefits Exchange.

The Exchange offers individuals and families a place to compare, select and enroll in an affordable health plan.

The Exchange will help the following individuals find health care coverage:

- Individuals and childless couples who are at least 19 years of age, who

CONTINUED ON THE NEXT PAGE ...

do not have Medicare coverage
- o Parents, step-parents and caretaker relatives of a dependent child
- o Pregnant women and children

Individuals and childless couples aged 19-64 (not eligible for Medicare coverage) may qualify for Medicaid coverage at a higher income level; up to 138% of the Federal Poverty Level (FPL), or $1,285 for an individual and $1,740 for a couple, based on 2013 FPL levels. This is a 38% income increase.

Individuals and families who file or will file Federal taxes with incomes up to 400% of the FPL, which is equivalent to $44,680 for an individual and $92,200 for a family of four (based on 2013 FPLs), may be eligible for advance tax credits to help buy health insurance through the Exchange. If annual income is greater than 400% of the FPL, health insurance can still be purchased through the Exchange.

When can I Apply for Coverage?

New Yorkers can begin applying for coverage on October 1, 2013 with enrollment effective January 1, 2014. This first open enrollment period extends for six months, ending on March 31, 2014. For each subsequent year, there will be a six-week open enrollment period in the fall for individuals and their families to enroll in coverage. To learn more about the Health Benefit Exchange, please call 1-800-541-2831 or visit our Web site at www.healthbenefitexchange.ny.gov.

CONTINUED ON THE NEXT PAGE ...

RENSSELAER COUNTY DSS
1801 6TH AVE
TROY, NY 12180-9979

NOTICE OF DECISION ON YOUR MEDICAL ASSISTANCE.

SI USTED DESEA RECIBIR NOTIFICACIONES FUTURAS EN ESPANOL, POR FAVOR PONGASE EN CONTACTO CON SU TRABAJADOR(A).

NOTICE NUMBER:	DATE:	CASE NUMBER:
U388A85850	October 16, 2013	M199864

OFFICE	UNIT	WORKER	UNIT OR WORKER NAME	TELEPHONE NO.
	M300	M321	C REO	518-270-3928

AGENCY TELEPHONE NUMBERS

GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP	518-270-3928
OR Agency Conference	518-270-3928
Fair Hearing information and assistance	800-342-3334
Record Access	518-270-3928
Child/Teen Health Plan	518-270-3928

CASE NAME / AND ADDRESS

/M300/M321

WRIGHT JERRELL
C/O RCJ
4000 MAIN ST,
TROY, NY 12180

IF YOU DO NOT AGREE WITH ANY DECISION EXPLAINED IN THIS NOTICE, YOU HAVE A RIGHT TO ASK US FOR A CONFERENCE AND/OR ASK THE STATE FOR A FAIR HEARING. READ THE CONFERENCE AND/OR FAIR HEARING SECTION TO SEE HOW TO ASK FOR A CONFERENCE AND/OR A FAIR HEARING.

MEDICAL ASSISTANCE

We will suspend Medicaid/Family Health Plus coverage effective September 1, 2013 for:

Name	Client I.D. #
JERRELL WRIGHT	CZ71744J

Because you are an inmate in a New York State or local correctional facility, Medicaid will only pay for acute inpatient hospital care provided off the grounds of the correctional facility. All other Medicaid coverage will be suspended while you are incarcerated. Your Medicaid case is NOT being closed.

If you are now enrolled in a Medicaid Managed Care or Family Health Plus plan, you will no longer be enrolled in your health plan.

If Medicaid is paying health insurance premiums, including Medicare, for you, payment of these premiums will be discontinued.

Your Medicaid benefits will be reinstated when you are released.

This decision is based on Regulation 18 NYCRR 360-3.4(a)(1) and Section 366(1-a) of the Social Services Law.

If your income is too high for Medicaid coverage, you may still be able to get health care coverage.

Beginning January 1, 2014, New Yorkers will have new options for comprehensive and affordable health insurance thanks to the creation of a new marketplace called the New York State Health Benefits Exchange.

The Exchange offers individuals and families a place to compare, select and enroll

 CONTINUED ON THE NEXT PAGE ...

in an affordable health plan.

The Exchange will help the following individuals find health care coverage:

- Individuals and childless couples who are at least 19 years of age, who do not have Medicare coverage
- Parents, step-parents and caretaker relatives of a dependent child
- Pregnant women and children

Individuals and childless couples aged 19-64 (not eligible for Medicare coverage) may qualify for Medicaid coverage at a higher income level; up to 138% of the Federal Poverty Level (FPL), or $1,285 for an individual and $1,740 for a couple, based on 2013 FPL levels. This is a 38% income increase.

Individuals and families who file or will file Federal taxes with incomes up to 400% of the FPL, which is equivalent to $44,680 for an individual and $92,200 for a family of four (based on 2013 FPLs), may be eligible for advance tax credits to help buy health insurance through the Exchange. If annual income is greater than 400% of the FPL, health insurance can still be purchased through the Exchange.

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CONTINUED ON THE NEXT PAGE ...

OCA Official Form No.: 960

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA

[This form has been approved by the New York State Department of Health]

Patient Name	Date of Birth	Social Security Number
Wright, Jewell	9/6/70	
Patient Address: 1080 Main St Troy N.Y. 12180 Medical Dept.		

I, or my authorized representative, request that health information regarding my care and treatment be released as set forth on this form:

In accordance with New York State Law and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I understand that:

1. This authorization may include disclosure of information relating to **ALCOHOL and DRUG ABUSE, MENTAL HEALTH TREATMENT**, except psychotherapy notes, and **CONFIDENTIAL HIV* RELATED INFORMATION** only if I place my initials on the appropriate line in Item 9(a). In the event the health information described below includes any of these types of information, and I initial the line on the box in Item 9(a), I specifically authorize release of such information to the person(s) indicated in Item 8.
2. If I am authorizing the release of HIV-related, alcohol or drug treatment, or mental health treatment information, the recipient is prohibited from redisclosing such information without my authorization unless permitted to do so under federal or state law. I understand that I have the right to request a list of people who may receive or use my HIV-related information without authorization. If I experience discrimination because of the release or disclosure of HIV-related information, I may contact the New York State Division of Human Rights at (212) 480-2493 or the New York City Commission of Human Rights at (212) 306-7450. These agencies are responsible for protecting my rights.
3. I have the right to revoke this authorization at any time by writing to the health care provider listed below. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.
4. I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.
5. Information disclosed under this authorization might be redisclosed by the recipient (except as noted above in Item 2), and this redisclosure may no longer be protected by federal or state law.
6. **THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH INFORMATION OR MEDICAL CARE WITH ANYONE OTHER THAN THE ATTORNEY OR GOVERNMENTAL AGENCY SPECIFIED IN ITEM 9 (b).**

7. Name and address of health provider or entity to release this information: Albany Memorial Wound care Center

8. Name and address of person(s) or category of person to whom this information will be sent:

9(a). Specific information to be released:

- ☐ Medical Record from (insert date) _____ to (insert date) _____
- ☐ Entire Medical Record, including patient histories, office notes (except psychotherapy notes), test results, radiology studies, films, referrals, consults, billing records, insurance records, and records sent to you by other health care providers.
- ☒ Other: all records concerning wound care to include Pictures

Include: (*Indicate by Initialing*)

_____ **Alcohol/Drug Treatment**
_____ **Mental Health Information**
_____ **HIV-Related Information**

Authorization to Discuss Health Information

(b) ☐ By initialing here _____ (Initials) I authorize _____ (Name of individual health care provider) to discuss my health information with my attorney, or a governmental agency, listed here:

_____ (Attorney/Firm Name or Governmental Agency Name)

10. Reason for release of information: ☐ At request of individual ☐ Other:	11. Date or event on which this authorization will expire:
12. If not the patient, name of person signing form:	13. Authority to sign on behalf of patient:

All items on this form have been completed and my questions about this form have been answered. In addition, I have been provided a copy of the form.

EXHIBIT 26

Jewell Wright
Signature of patient or representative authorized by law.

Date: _____

* Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person's contacts.

May 26, 2015

Rensselaer County Sheriff's Office
4000 Main St.
Troy, NY 12180

RE: Jerrell Wright
[redacted]
Inmate No.s 1032512 / 1037970

EXHIBIT 27

To whom it may concern,

I hope this finds you well. I am a federal inmate housed at FCI-Fort Dix in New Jersey. During the pre-trial phase of my matter, I was held in custody by the Rensselaer County Jail from February, 2012 to December 2014.

Since leaving the custody of your department, I have sent several requests to the medical department of your county jail seeking copies of my medical records in your possession. Numerous requests have been sent, the most recent on May 5, 2015. Each attempt has been met with frustration and, to date, no records have been sent to me. In fact, I have received no response at all. This is unacceptable and I write to request your assistance in obtaining my own personal medical records.

Please contact the Medical Department of the Rensselaer County Jail or whomever has custody and control of the medical records of former inmates and direct them to mail a copy of my records to me at the address below. Please know I have a filing deadline in the Federal Courts in early August, so a prompt response is urgently needed.

Thank you in advance for your assistance in this matter. I look forward to hearing from you soon.

Respectfully,

_____
Jerrell Wright
Reg. No. 19485-052
FCI-Fort Dix
PO Box 2000
Fort Dix, NJ 08640

Gina Lomen AA
orrectional Medical Care-RCJ
4000 Main Street
Troy NY 12180

neopost
06/12/2015
PRIORITY MAIL
US POSTAGE $010.55⁰
ZIP 12180
041L12203283

CONFIDENTIAL

EXHIBIT 28

CONFIDENTIAL

CONFIDENTIAL

Jerrell Wright
19285-052
FCI Fort Dix
PO Box 2000
Fort Dix NJ 08640

Albany Memorial Hospital

Medical Records Reports

Wound Care Consult Report

Acct:	M062068409	Med Rec Num:	M0762760
Name:	WRIGHT,JERRELL	Phys:	Sloat MD,Glenn
Address:	RCJ 4000 MAIN ST,TROY NY 12180		
Admit Date:		Sex:	M
Disch. Date:			
Age:	43	DOB:	09/06/70
Status:	REG CLI		
Loc:	M-WCC		

Date of Visit: 09/10/2013

Reason for Initial Visit: Open wound postsurgery of the left groin and thigh area.

History of Present Illness: The patient is a 43 -year-old type 2 diabetic male who developed an infection in the left proximal thigh and groin area in mid August. The patient was admitted to Samaritan Hospital and operated on for necrotizing fasciitis and was treated with antibiotic therapy and discharged eventually on antibiotic therapy. The patient returned to the hospital for a couple of days for hypotension and tachycardia and was discharged on 09/03/13. The patient states since that time, he has had no fevers, unusual sweats, chills, headache, cold symptoms, sore throat, neck pain, chest discomfort, increased shortness of breath, abdominal pain, nausea, vomiting, diarrhea, dysuria or focal neurological deficits. The patient states blood sugars are under good control. Last one was 125. The patient states his appetite is good. He has minimal exudate from the left thigh ulcer area.

Review of Systems: Further review of systems of negative.

Past Medical History: Significant for type 2 diabetes mellitus, hypertension, necrotizing fasciitis of the left groin as above, saphenous vein thrombosis of the left leg.

Allergies: No known drug allergies.

Current Medications: Per a note from 09/04/13 noted include acetaminophen p.r.n., lisinopril, Glucophage, metoprolol, naproxen, Percocet, Protonix, Coumadin.

Social History: The patient is an incarcerated resident of the Rensselaer County Jail. There is no current tobacco use, illicit drug use or alcohol use.

Family History: Father had MI and mother reportedly is healthy.

Physical Examination: Awake, alert middle aged male in no apparent distress. Vital signs: Temperature is 97.6, pulse 70, respiratory rate 18, blood pressure 136/88. Skin warm and dry. HEENT: PERL. EOMI. Mucous membranes moist. Posterior oropharynx without swelling or erythema. There is no thrush noted. Neck is without lymphadenopathy or JVD. Lungs are clear without rales, wheeze or rhonchi. Heart regular rate and rhythm, S1, S2 without S3, S4. Abdomen soft, nontender, without guarding or peritoneal signs. There is no distinct hepatosplenomegaly or masses noted. Lower extremities with 1+ edema bilaterally. There is an area on the left thigh extending to the groin measuring 13 x 12 cm wide x 0.9 cm at the deepest. The area is completely filled with healthy granulating tissue throughout. There is no surrounding erythema or maceration.. There is no purulent exudate or odor. There is no exposed bone, tendon or eschar. The area posterior to this ulcer is somewhat edematous. There is no fluctuance noted.

Assessment: This is a 43 -year-old male with large left groin and thigh area ulcer, status post extensive debridement for necrotizing fasciitis. There is no overt evidence for soft tissue infection at the present time. The ulcer bed is very healthy and vital. There is no indication today for debridement and none was performed. We will continue with normal saline wet-to-dry dressings and when the patient returns, hopefully we can start Oasis advanced tissue therapy for this site with consideration for Wound VAC therapy if the ulcer has not filled in even more by the next clinic visit. I am told that the ulcer has filled in quite extensively thus far. We have encouraged good nutritional intake, use of nutritional supplements, tight control of diabetes. Lab work for the patient was reviewed from his hospital stay and can be found in the chart. No further lab work at the present time is indicated. There is no indication for further radiologic evaluation.

Final Diagnoses: Left thigh ulcer. Type 2 diabetes mellitus, controlled.

Surgical ulcer, left groin and thigh area after necrotizing fasciitis. Left leg deep venous thrombosis.

Glen Sloat, MD

Distribution List:
Fax-1 \R\ Glen Sloat, MD
Fax-2 Medical Department, Rensselaer County Jail
\R\

D: 09/11/2013 07:02:59 T: 09/11/2013 08:06:46

DTH Job #: 2728178

Dictated by: Sloat MD,Glenn /DTH

Draft

Albany Memorial Hospital
The Center for Wound Care & Hyperbaric Medicine
St Peter's Health Partners

Center for Wound Care and Hyperbaric Medicine
Albany Memorial Hospital
600 Northern Blvd
Albany NY 12204
518-471-3705 Phone
518-471-3658 Fax

FAX TRANSMITTAL COVER SHEET

REFERRAL INDICATORS

OUTPATIENT WOUND CARE for CHRONIC NON-HEALING WOUNDS

- Diabetic wounds
- Pressure ulcers
- Venous stasis ulcers
- Non-healing surgical wounds
- Arterial ulcers
- Vasculitic ulcers
- Complex soft tissue wounds
- Burns
- Traumatic wounds
- Infected wounds

HYPERBARIC OXYGEN TREATMENT

- Diabetic ulcer - lower extremity
- Chronic refractory osteomyelitis
- Osteoradionecrosis
- Soft tissue radionecrosis
- Compromised skin graft or flap
- Progressive necrotizing infections
- Gas gangrene
- Acute traumatic/peripheral ischemia
- Acute arterial insufficiency
- Actinomycosis

For information or referral ~
518-471-3705

DATE: 3/26/14

FAX #: 273-8604

TO: Gina

FROM: Irina

RE: Jerrell Wright

Pages + Cover Sheet: _____

COMMENT: _____

EXHIBIT 30

State of New York Court of Claims

Jerrell Wright
Claimant

v.

State of New York
Defendant

Claim No._____

NOW COMES Jerrell Wright, Claimant in the above captioned matter, appearing Pro Se, complaining of Defendant the State of New York, alleging as follows:

1- The post office address of the claimant herein is:
FCI-Fort Dix
Unit-E5752
PO Box 2000
Joint Base MDL, NJ 08640

2- This claim is for negligence of the State to adequately maintain sanitary and disease-free conditions of the Rennselaer County Correctional Facility for the time period on and before August 18, 2013 so as to cause serious injury to Claimant, namely Necrotising Fasciitis.

3- It was the Duty of the State of New York to maintain safe, proper, and sanitary conditions in the Rennselaer County Jail facility as to prevent exposure to this potentially deadly infectious disease.

4- On and prior to August 17, 2013, Claimant complained to Rennselaer County Correctional Facility medical staff of a painful swelling in his left groin area. The pain and swelling had steadily increased over the previous days. The area was tender, red, and very painful.

5- Upon arrival at Samaritan Hospital in Troy, NY, Claimaint was diagnosed with Necrotising Fasciitis and a thrombosis in the greater saphanous vein.

6- On August 18, 2013, Claimant underwent a surgical procedure to drain and debrade the infected region. Recovery from this procedure required immobilization and an extended hospital stay of nearly two weeks. Claimant also needed to endure numerous wound dressing changes daily which caused additional pain and discomfort.

7- Claimant had been incarcerated in the Rennselaer County Correctional Facility since February 7, 2012. Because of this lengthy incarceration, there exists no possibility Claimant could have been infected with this necrotising fasciitis from any location other than the Rennselaer County Correctional Facility.

8- The Rennselaer County Correctional Facility had both actual and constructive knowledge of the possibility that negligently maintained facilities could result in the kind of infection and painful medical procedures suffered by Claimant.

9- As a result of this incident, Claimant suffered severe scarring and disfigurement in his groin region and now walks with a noticeable limp.

10-As a result of this injury, Claimant has suffered severe physical pain and anguish.

11-The particulars of Claimants damages are as follows:

a-Pain and Suffering: Claimants pain and suffering was severe. Prior to surgery the necrotising fasciitis caused significant swelling of Claimant's groin area. He was unable to walk great distances, move up or down stairs without difficulty or even sleep without discomfort. Even bathing was painful and difficult. Post-surgery, Claimant endured rigorous debrading of the crater-like wound left behind by this infection. Debradement consists of the physical scraping away of dead skin, a process that is extremely painful, especially after such an invasive surgery as the one undergone by Claimant.

b-Medical Expenses: Although the direct cost of Claimant's surgery and subsequent treatment were paid by the Rennselaer County Correctional Facility, Claimant will still likely require physical and occupational therapy after his release from prison. This future treatment will be necessary to regain his full mobility. Claimant estimates the cost of this future treatment to be approximately $25,000.

12-This claim is filed within two years after the claim accrued, as required by law, and is filed pursuant to Sections 10 and 11 of the Court of Claims Act.

WHEREFORE the above mentioned reasons, Claimant respectfully requests judgment in this case against Defendant in the sum of One Hundred Thousand Dollars ($100,000).

Respectfully submitted,

Dated: August 12, 2015

Jerrell Wright
Reg. No. 19485-052
FCI Fort Dix
PO Box 2000
Joint Base MDL, NJ 08640-5433

Verification

State of New Jersey
County of Burlington

I, Jerrell Wright, being duly sworn, say:

I am the claimant above named; I have read the foregoing claim against the State of New York and know its contents; the same is true to my knowledge, except as to matters therein stated to be alleged on information and belief, and as to those matters, I believe it to be true.

Jerrell Wright

Sworn to me this _____ day of August, 2015.

-seal-

Notary Public
My commission expires:_____

STATE OF NEW YORK COURT OF CLAIMS

JERRELL WRIGHT,

Movant,

DECISION AND ORDER

-v-

STATE OF NEW YORK,

Claim No. NONE
Motion No. M-87301

Defendant.

BEFORE: HON. CHRISTOPHER J. McCARTHY
Judge of the Court of Claims

APPEARANCES:

For Movant:
Jerrell Wright, *Pro Se*

For Defendant:
ERIC T. SCHNEIDERMAN
Attorney General of the State of New York
By: Paul F. Cagino, Esq., AAG

For the reasons set forth below, the application of *pro se* Movant, Jerrell Wright, to serve and file a late claim pursuant to Court of Claims Act § 10(6) is denied.

In his proposed Claim attached to his motion papers, Movant asserts that he was incarcerated at the Rensselaer County Correctional Facility beginning on February 7, 2012; on and before August 17, 2013, he complained to the jail's medical staff about a painful swelling in his left groin area; he was taken to a hospital in Troy, New York, and diagnosed with necrotizing fasciitis and a thrombosis in the greater saphenous vein; on August 18, 2013, he underwent a surgical procedure and spent almost two weeks in the hospital recovering. Movant asserts that he became infected with the

necrotizing fasciitis at the Rensselaer County Correctional Facility as a result of the State's negligence in adequately maintaining sanitary and disease-free conditions at the jail.

In his motion papers, Claimant adds that, beginning February 1, 2012, he was in the custody of U.S. Marshals as a result of pending Federal criminal charges. He asserts that the U.S. Marshals designated the Rensselaer County Correctional Facility as the holding facility for him beginning on February 7, 2012 (Motion to File Late Claim, p. 1).

Pursuant to Court of Claims Act § 10(6), it is within the Court's discretion to allow the filing of a late claim if the applicable statute of limitations set forth in Article 2 of the CPLR has not expired. Thus, the first issue for determination upon any late claim motion is whether the application is timely. Since the proposed Claim asserts a cause of action for negligence (CPLR § 214[5], a three-year Statute of Limitations), it appears that the proposed Claim is timely made as Movant asserts that the negligence occurred from February 7, 2012 until August 18, 2013.

Next, in determining whether to grant a motion to file a late claim, Court of Claims Act § 10(6) sets forth six factors that should be considered, although other factors deemed relevant also may be taken into account (*Plate v State of New York*, 92 Misc 2d 1033, 1036 [Ct Cl 1978]). Movant need not satisfy every statutory element (*see Bay Terrace Coop. Section IV v New York State Employees' Retirement Sys. Policemen's & Firemen's Retirement Sys.*, 55 NY2d 979, 981 [1982]). However, the burden rests with Movant to persuade the Court to grant his or her late claim motion (*see Matter of Flannery v State of New York*, 91 Misc 2d 797 [Ct Cl 1977]; *Matter of Santana v New York State Thruway Auth.*, 92 Misc 2d 1 [Ct Cl 1977]).

Perhaps the most important factor to be considered is whether the proposed Claim has the appearance of merit, for it would be futile to permit a defective claim to be filed, subject to dismissal,

even if other factors tended to favor the request (*Ortiz v State of New York*, 78 AD3d 1314, 1314 [3d Dept 2010], *lv granted* 16 NY3d 703 [2011], *affd sub nom. Donald v State of New York*, 17 NY3d 389 [2011], quoting *Savino v State of New York*, 199 AD2d 254, 255 [2d Dept 1993]). It is Movant's burden to show that the claim is not patently groundless, frivolous or legally defective, and, based upon the entire record, including the proposed claim and any affidavits, that there is reasonable cause to believe that a valid cause of action exists. While this standard clearly places a heavier burden upon a party who has filed late than upon one whose claim is timely, it does not, and should not, require Movant to establish definitively the merit of the claim, or overcome all legal objections thereto, before the Court will permit Movant to file a late claim (*Matter of Santana v New York State Thruway Auth.*, *supra* at 11-12).

The Court of Claims is a court of limited jurisdiction, with power to hear claims against the State and certain public authorities (NY Const Art VI; Court of Claims Act § 9). This Court does not have jurisdiction over the Federal government, the U.S. Marshal Service, the County of Rensselaer, or the Rensselaer County Correctional Facility, or any individual employee thereof (*Whitmore v State of New York*, 55 AD2d 745, 746 [3d Dept 1976], *lv denied* 42 NY2d 810 [1977]; *Wendel v State of New York*, UID No. 2015-040-020 [Ct Cl, McCarthy, J., Apr. 27, 2015]; *Lyons v State of New York*, UID No. 2004-030-904 [Ct Cl, Scuccimarra, J., Feb. 18, 2004]; *Webb v State of New York and The Administration for Children's Services (ACS)*, UID No. 2003-016-051 [Ct Cl, Marin, J., July 1, 2003]).

As the Court lacks jurisdiction over actions that involve the Federal government, the U.S. Marshal Service, the County of Rensselaer, the Rensselaer County Correctional Facility, or any

individual employee thereof, the proposed Claim lacks the appearance of merit. Accordingly, the motion is denied.

Albany, New York
November 18, 2015

CHRISTOPHER J. McCARTHY
Judge of the Court of Claims

The following papers were read and considered by the Court on Movant's motion to file a late claim pursuant to Section 10(6) of the Court of Claims Act:

	Papers Numbered
Motion & attachments	1
Letter in opposition	2
Movant's Response	3

CLAIM FOR DAMAGE, INJURY, OR DEATH	INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of the form. Use additional sheet(s) if necessary. See reverse side for additional instructions.	FORM APPROVED OMB NO. 1105-0008

1. Submit To Appropriate Federal Agency:

US Marshals: 1750 Crystal Dr. Arlington, VA 22202

2. Name, Address of claimant and claimant's personal representative, if any. *(See instructions on reverse.)* *(Number, street, city, State and Zip Code)*

Jerrell Wright 19485-052
FCI-Fort Dix
PO Box 2000 Joint Base MDL, NJ 08640

3. TYPE OF EMPLOYMENT	4. DATE OF BIRTH	5. MARITAL STATUS	6. DATE AND DAY OF ACCIDENT	7. TIME *(A.M. or P.M.)*
[ ] MILITARY [X] CIVILIAN	09/06/1970	Divorced	August 18, 2013	

8. Basis of Claim *(State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof) (Use additional pages if necessary.)*

Beginning on February 1, 2012 I was placed in the custody of the US Marshals. They designated Rensselaer County Correctional Facility (RCCF) as my place of incarceration while in their custody. On August 17, 2013, I was delivered by RCCF to Samaritan Hospital in Troy, NY. There, I was diagnosed with necrotizing Fasciitis and a thrombosis in the Greater Saphenous Vein. This potentially deadly infection caused severe and painful swelling in my groin area and required surgery to drain the wound and debradement. These treatments were painful and ongoing. My wound required numerous sessions of debradement and dressing changes several times daily. All of these were very painful and uncomfortable. Because of my long incarceration at RCCF at the direction of the US Marshals, there is no other possible place this infection could have originated. The US Marshals knew or should have known that negligently maintained facilities and unsanitary conditions are likely to result in dangerous infections such as mine.

9. PROPERTY DAMAGE

NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT *(Number, street, city, State, and Zip Code)*

EXHIBIT 33

BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. *(See instructions on reverse side.)*

10. PERSONAL INJURY/WRONGFUL DEATH

STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE NAME OF INJURED PERSON OR DECEDENT.

Since my surgery, I now have a permanent, disfiguring, crater-like scar in my groin area and now walk with a noticeable limp.

11. WITNESSES

NAME	ADDRESS *(Number, street, city, State, and Zip Code)*

12. *(See instructions on reverse)* AMOUNT OF CLAIM *(In dollars)*

12a. PROPERTY DAMAGE	12b. PERSONAL INJURY	12c. WRONGFUL DEATH	12d. TOTAL *(Failure to specify may cause forfeiture of your rights.)*
	$100,000		

I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE ACCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.

13a. SIGNATURE OF CLAIMANT *(See instructions on reverse side.)*	13b. Phone number of signatory	14. DATE OF CLAIM
	N/A	8/10/2015

CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM	CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS
The claimant shall forfeit and pay to the United States the sum of $2,000 plus double the amount of damages sustained by the United States. *(See 31 U.S.C. 3729.)*	Fine of not more than $10,000 or imprisonment for not more than 5 years or both. *(See 18 U.S.C. 287, 1001.)*

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U.S. Department of Justice

Civil Division, Torts Branch
Federal Tort Claims Act Staff

Post Office Box 888
Benjamin Franklin Station
Washington, D.C. 20044

GKJ:KRJackson:krj
157-16-NEW

EXHIBIT 33

October 1, 2015

Mr. Jerrell Wright
Reg. No. 19485-052
FCI Fort Dix
P.O. Box 2000
Joint Base MDL, NJ 08640

Re: Administrative Tort Claim of Jerrell Wright

Dear Mr. Wright:

This is in response to your administrative tort claim dated August 10, 2015, which you submitted to the Department of Justice (Department). The Department received the claim on September 16, 2015.

Because your claim concerns an alleged tort involving the U.S. Marshals Service (USMS), I am forwarding the claim to that agency. All further communication on this matter should be directed to the USMS at the address listed below.

Very truly yours,

/Kiyatta R. Jackson

KIYATTA R. JACKSON
Legal Assistant
Civil Division, Torts Branch

cc: Mr. Gerald M. Auerbach
U.S. Marshals Service Headquarters
Office of General Counsel
Building CS-4, 10th Floor
Washington, D.C. 20530-1000

U.S. Department of Justice

United States Marshals Service

Office of General Counsel

Washington, DC 20530-0001

JAN 24 2017

CERTIFIED MAIL # 7013 1090 0000 9858 3679

Jerrell Wright, Reg. #19485-052
Federal Correctional Institution Ft. Dix
P.O. Box 2000
Joint Base MDL, NJ 08640

Re: Administrative Tort Claim No. OGC-50331

EXHIBIT 34

Dear Mr. Wright:

This responds to the above-referenced administrative tort claim received by the United States Department of Justice (DOJ), Civil Division, Torts Branch on September 16, 2015, in the amount of $100,000.00. Your claim was referred to this office and received on October 15, 2015. You claim that on August 18, 2013, you were diagnosed with an infection that you allege was caused by the negligently maintained facility in which you were housed by the U.S. Marshals Service (USMS) under "unsanitary conditions."

The applicable provisions of the Federal Tort Claims Act [28 U.S.C. §§ 1346(b), 2401(b), 2671, et seq.] provide for the payment of claims which arise from the negligent or wrongful act or omission of an employee of the Federal Government while acting within the scope of his or her employment, under circumstances where the United States, if a private person, would be liable to the claimant in accordance with the law of the place where the act or omission occurred.

Pursuant to 28 U.S.C. §2401(b), a tort claim against the United States shall be forever barred unless it is presented in writing to the appropriate Federal agency within two years after such claim accrues. Your claim accrued on August 18, 2013. Your claim was received by the DOJ on September 16, 2015. Therefore, your claim is time barred.

Notwithstanding the above, our review of the circumstances and the applicable law revealed no negligence or wrongdoing on behalf of any USMS employee. Specifically, the USMS entered into an Intergovernmental Agreement with the Rensselaer County Correctional Facility (RCCF) to temporarily house federal detainees at the RCCF. In this regard, the daily safekeeping responsibility for federal prisoners housed at a local contract jail to include medical care rests with the contract jail, and not with the USMS. The USMS is not legally responsible for the conditions of the facility or actions of local jail personnel, since they are considered to be independent contractors. See Logue v. United States, 412 U.S. 521 (1973).

Accordingly, your administrative tort claim against the United States in the amount of $100,000.00 is denied. If you are dissatisfied with our determination, suit may be filed in the appropriate U.S. District Court no later than six months after the date of the mailing of this denial. See 28 U.S.C. § 2401(b).

Sincerely,

Gerald M. Auerbach
General Counsel